1 LOCATIO	ON OF WATER WELL:	Fraction	Section Number	Township	Number	Range Number	
County:	Oshacae	SW1/4/W1/4/SW1/4	/	7	5	15 W	
Distance and direction from nearest town or city street address of well if located within city?							
		t of Elzuar	for City	of	14/10	7	
2 WATER WELL OWNER: Oid Wine land							
RR#, St. Address, Box #: 405 Mill St. City, State, ZIP Code: Alton, Ks 67623 Board of Agriculture, Division of Water Resources Application Number:							
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVELft.							
WELL WAS USED AS:							
N	N W N E Domestic 5 Public Water Supply 9 Dewatering						
	2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well						
w	W E 4 Industrial 8 Air Conditioning 12 Other						
X _s	Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted						
Water Well Disinfected: Yes. No							
5 TYPE OF BLANK CASING USED:							
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)							
Blank casing diameter							
Casing height above or below land surfacein.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3Bentonite 4 Other							
Grout Plug Intervals: From $.25$ ft. to $.5$ ft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
	otic tank	11 Fuel storage					
2 Sewer lines 7 Pit privy 12 Fertilizer storage							
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well?Sauth How many feet?600							
FROM	TO P	LUGGING MATERIALS					
33	24 Chala	inated Sd.					
24	45 0	4 11					
4	5 Bend	poile Chia					
5		onite Chip		,			
<u> </u>	0 Cla	y F Pri				16 20	
					* *		
7 CONTRAC	TTOP/S OP LANDOUNER/S	CEDITEICATION-This Hotel	r well was blunged :				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
Water Well Contractor's License No							
by (signature)							

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.