1 LOCATION	OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	loud	NW 1/4 NW 1/4 NW 1/4	20	8	(
Distance and direction from nearest town or city street address of well if located within city?  220 Railroad Avenue Miltoniale KS  2 WATER WELL OWNER: Kenttackie Davis					
RR#, St. Address, Box #: \$8 45 Hillers Way Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: Fallon Nevada 89406 Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N  MELL'S STATIC WATER LEVEL					
×		WELL WAS USED AS:			
W		1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	6 Oil Field Water 5 7 Lawn and Garden 6 8 Air Conditioning	Supply 10 Monitorin Only 11 Injection (12 Other. Ha Found Day 0F House	g Well Well NO. DUG RING DEMOLIFIC
	S E	If yes, mo/day/yr sa	ample was submitted	_	t? YesNoX
Water Well Disinfected: Yes No. X					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter36in. Was casing pulled? Yes No If yes, how muchin.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromft.					
What is the nearest source of possible contamination:					
2 Sewer Water 4 Later	ral lines	7 Pit privy 8 Sewage lagoon 9 Feedyard	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	iell	ecify below)
Direction from well?					
FROM	TO PLI	JGGING MATERIALS			
Ground 6	5ft Compa	cted Sirface S	ilts + Clays		
54	Left Benton		'		
4)		ed Surface Silts+C	lays		
427+	, ,	3 GRAVEL			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle					

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.