| 1 LOCAT               | ROOK  | ER WELL:                         | Fraction<br>NE<br>1/4   | ME SV<br>1/4 1/4                                  | Section Number   | Township Number  | Range Number   |
|-----------------------|---|----------------------------------|---|---|--|--|--|
| Distance              | and direc   | tion from near                   | est town o  | r city stre                                       | et address of well if  | located within city?   |  |
| 2 WATER               | WELL OWNE   | R: City                          | of PAI  | LD  | _ & / ,  |  |  |
| RR#, St.              | Address,<br>ate, ZIP C  | Box #: P.D. ode : Pale           | of Pal<br>Bex257<br>O, KS   | 67567   | Application No   | 754  |  |
|                       | WELL'S LOC<br>" IN SECTI<br>N                                 | ATION WITH<br>ON BOX:            | Н   | OF WELL<br>S STATIC WAT                           | 20   |  |  |
|                       |   |                                  | WELL 1  | WAS USED AS:                                      |  |  |  |
| w                     | N W   | N E                              | 2 3   | Domestic<br>Irrigation<br>Feedlot ~<br>Industrial | Public Water Supp<br>6 Oil Field Water S<br>7 Lawn and Garden C<br>8 Air Conditioning                            | Supply 10 Monitoring<br>Only 11 Injection                              | y Well<br>Well                                       |
|                       | S'W   | S E                              | If yes,   | mo/day/yr s                                       | ample was submitted  |  | ? YesNo.X  |
|                       | S   |                                  | water we  | ett Disinted                                      | ted: Yes No.   | ••••   |  |
| 5 TYPE C              | F BLANK CA  | ASING USED:                      |   |   |  |  |  |
| ① Stee<br>2 PVC       | 4 ABS   |                                  |   |   |  | specify below)   |  |
| Blank casing diameter |   |                                  |   |   |  |  |  |
| 6 GROUT               | PLUG MATER  | RIAL: (1)Neat                    | cement 2  | Cement gro  | ut 3 Bentonite   | 4 Other  | *******  |
| Grout                 | Plug Inter  | vals: From                       | Ø.ft.   | to. 70 .ft  | ., Fromft. to  | ft., From  | toft.  |
| What i                | s the near  | est source of                    | possible c  | ontaminatio                                       | n:   |  |  |
| ② Se<br>3 Wa<br>4 La  | ptic tank<br>wer lines<br>tertight s<br>teral line<br>ss Pool | ewer lines<br>s                  | 6 Seepage<br>7 Pit priv<br>8 Sewage L<br>9 Feedyard<br>0 Livestoc | y<br>agoon  | 11 Fuel storage<br>12 Fertilizer storag<br>13 Insecticide storag<br>14 Abandoned water w<br>15 Oil well/Gas well | ge<br>ell  | cify below)  |
| Direct                | ion from w  | ell? <i>M</i>                    | ust   |   | How many feet?   | 70   |  |
| FROM                  | то  | PLUG                             | GING MATER  | IALS,   |  |  |  |
| 0                     | 70  | Nent                             | Cene  | nt.   |  |  |  |
|                       |   |                                  |   |   |  |  |  |
|                       |   |                                  |   | <u>-</u>  |  |  |  |
|                       |   |                                  |   |   |  |  |  |
|                       |   |                                  |   |   |  |  |  |
|                       |   |                                  |   |   |  |  |  |
|                       |   |                                  |   |   |  |  |  |
| g                     | CTOR'S OR I   | Licens                           | е мо  |   | well was plugged und<br>d is true to the best<br>This Mater Well R<br>of   | der my jurisdiction and of my knowledge and economics was completed of | d was completed<br>belief. Kansas<br>n (mo/day/year) |
| undertine             | Water, Top  | tne correct al<br>Deka, Kansas ( | nswers. Se  | end top thre                                      | e copies to Kansas De  | int clearly. Please<br>partment of Health an<br>d one to Water Well O  | d Environment  |