1 LOCATION OF WATER WELL:		Fraction NC E-SIDE	Section Number	Township	Number	Range Number		
county: THOMAS			1/4 1/4 SE 1/4	4	9		33	
Distance and direction from nearest town or city street address of well if located within city? $ZW+1'14WOFMTMGO$								
2 WATER WELL OWNER: JIM FRANZ								
RR#, St. Address, Box #: 1196 cowry PD ZZ  Board of Agriculture, Division of Water Resources City, State, ZIP Code: COLBY KS. 67701  Application Number:								
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL								
AN "X"	AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL. 2.7.7ft.							
WELL WAS USED AS:								
N	W	N E	1 Domestic	5 Public Water Sup		Dewaterin	-	
			(2)Irrigation 3 Feedlot	6 Oil Field Water 7 Lawn and Garden	Only 11	Monitoring Injection	Well	
W			4 Industrial	8 Air Conditioning	12	Other		
s	S E Was a chemical/bacteriological sample submitted to Department? YesNo.X							
if yes, mo/day/yr sample was submitted								
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 diameter								
Casing height above or below land surface								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.								
What is the nearest source of possible contamination:								
(1) Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)								
3 Wa	wer lines tertight se		8 Sewage lagoon	12 Fertilizer stora 13 Insecticide stor	age	• • • • • • • • • • • • • • • • • • • •		
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well								
Direction from well? SOUTH How many feet? 1320								
FROM	то	PLL	JGGING MATERIALS					
225	170	SAN	<i>N</i>					
170	8	CLI						
8	5		TONITE					
		170,0	10/02/2	- CUT (	OFF C	ASIN	6	
				CUT (	35/200	GR	OUAL	
				_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0,		
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								
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 correc	t answers. S	end top three	copies to Kansas Departm	ent of Health and Envi	ronment, Bur	eau of Wat	underline or circle er, Topeka, Kansas	
66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.								