

117 *8/02/05*

1	LOCATION OF WATER WELL: County: SHAWNEE	Fraction SE 1/4 NW 1/4 NE 1/4	Section Number 28	Township Number T. 10 S.	Range Number R. 14 E.
---	---	---	-----------------------------	------------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?
5 MILES NORTH OF SILVER LAKE, KANSAS

2	WATER WELL OWNER: SHAWNEE COUNTY	RR#, St. Address, Box #: City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:
---	--	---	--

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N																
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>N</td> <td>W</td> <td>X</td> <td>E</td> </tr> <tr> <td>W</td> <td></td> <td></td> <td>E</td> </tr> <tr> <td>S</td> <td>W</td> <td></td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		N	W	X	E	W			E	S	W		S				
N	W	X	E														
W			E														
S	W		S														

4	DEPTH OF WELL..... 18ft. WELL'S STATIC WATER LEVEL..... 8ft. WELL WAS USED AS: 1 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 4 Industrial 8 Air Conditioning 12 Other..... Was a chemical/bacteriological sample submitted to Department? Yes... <input checked="" type="radio"/> No... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: <input checked="" type="radio"/> Yes..... No.....
---	---

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 unconfined Blank casing diameter.....in. Was casing pulled? Yes..... No..... If yes, how much..... Casing height above or below land surface.....in.
---	--

6	GROUT PLUG MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From 16 ft. to 18 ft., From.....ft. to.....ft., From..... to.....ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage SOLDIER CREEK 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? N.E. How many feet? 500 FT.
---	--

FROM	TO	PLUGGING MATERIALS
0'	8'	3/4" Clean Rock
8'	15'	Clay
15'	16'	CONCRETE
16'	18'	TOPSOIL

RECEIVED
JUL 22 2005
BUREAU OF WATER

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-6-25-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 7-19-05 under the business name of KINGS CONST. CO. INC. by (signature) <i>[Signature]</i>
---	---

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.