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|---------|-------------------------|-----------------------|-----------|--------|-----------|--------|------------|--------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section | Number | Township | Number | Range | Number |
| County: | <i>Wabaunsee</i> | <i>SE 1/4 1/4 1/4</i> | <i>17</i> | | <i>12</i> | | <i>11E</i> | |

Distance and direction from nearest town or city street address of well if located within city?

| | |
|---|--|
| 2 | WATER WELL OWNER: <i>FRED GNADT</i> |
| | RR #, St. Address, Box #: <i>R22 Box 96</i> |
| | City, State, ZIP Code: <i>AIMA, KS 66401</i> |
| | Board of Agriculture, Division of Water Resources Application Number: _____ |

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| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <i>36</i> ft |
| | | | WELL'S STATIC WATER LEVEL <i>3</i> ft. |
| | | | WELL WAS USED AS: |
| | | | <input checked="" type="radio"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="radio"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="radio"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="radio"/> 4 Industrial 8 Air Conditioning 12 Other |
| | | | Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> |
| | | | If yes, mo/day/yr sample was submitted |
| | | | Water Well Disinfected: Yes <input checked="" type="checkbox"/> No |

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|---|--|
| 5 | TYPE OF BLANK CASING USED: |
| | 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <i>3' hand dug</i> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile |
| | Blank casing diameter in. Was casing pulled? Yes No If yes, how much |
| | Casing height above or below land surface in. |

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

| FROM | TO | PLUGGING MATERIALS |
|---------------|---------------|--------------------|
| <i>31 1/2</i> | <i>36</i> | <i>dirt</i> |
| <i>30</i> | <i>31 1/2</i> | <i>bentonite</i> |
| <i>20</i> | <i>30</i> | <i>dirt</i> |
| <i>0</i> | <i>20</i> | <i>gravel</i> |
| <i>0</i> | <i>0</i> | <i>clorox</i> |
| | | |
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|---|---|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) |
| | under the business name of |
| | by (signature) <i>Fred A. Gnadt</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: 785/296-3565. Send one to Water Well Owner and retain one for your records.