

NE NE NW

1	LOCATION OF WATER WELL:	Fraction NE COR.	Section Number 5	Township Number 12 S	Range Number R 15 E
County: SHAWNEE		NW 1/4 1/4 1/4			E/W

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

(PRE-PROJECT) ADDRESS **6423 SW HUNTCOON RD**

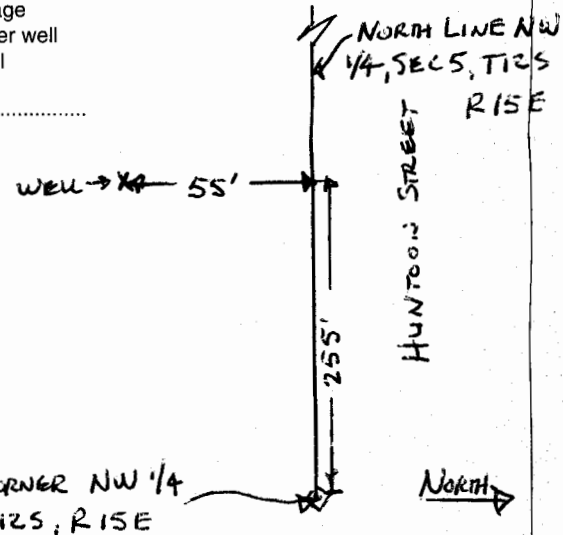
2	WATER WELL OWNER:	
RR #, St. Address, Box #: 2909 SW PLASS CT		Board of Agriculture, Division of Water Resources
City, State, ZIP Code: TOPEKA, KS. 66611		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 74 ft.
		WELL'S STATIC WATER LEVEL 6.8 ft. (6' From EX SURFACE)	
		WELL WAS USED AS:	
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 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 No <input checked="" type="checkbox"/>	

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

6	GROUT PLUG MATERIAL:	1 Neat cement	<input checked="" type="checkbox"/> 2 Cement grout	3 Bentonite	4 Other
Grout Plug Intervals:		From 3 ft.	to 6 ft.,	From ft.	to ft., From to ft.
What is the nearest source of possible contamination:					
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input checked="" type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool		<input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens		<input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below)	
Direction from well? NE		How many feet? 270			

FROM	TO	PLUGGING MATERIALS
-74	-6	SAND FILL
-6	-3	CEMENT GROUT
-3	0	CLAY FILL



7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/1/05 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)
by (signature) DAVE SCHMIDTKEIN under the business name of	

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.