KSA 82a-1212

IDNO. 00292/75

| 1 | 1 LOCATION OF WATER WELL: | | | Fraction | Section Number | Township Number | Range Number | |
|---|--|-------|---|--|--|---------------------|------------------------|--|
| | | | | NE 14 SE 14 SW 14 | 19 | 125 | 20 E | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | |
| 1001 North 312 St. Lawrence, KS | | | | | | | | |
| 2 WATER WELLOWNER: HERB BEHLOW | | | | | | | | |
| 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: | | | DEPTH OF WELL | | | | |
| w | N N | | | | | | | |
| | | l | N E | WELL WAS USED AS: | | | | |
| | | - N W | | 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other | | | oring Well ion Well | |
| | s w s E | | Was a chemical / bacteriological sample submitted to Department?Yes | | | | | |
| | s | | | Water Well Disinfected: | A | | | |
| 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 pelow and surface in. | | | | | | | | |
| 6 | The second of th | | | | | | | |
| Grout Plug Intervals: Fromft. toft., Fromft., From | | | | | | | | |
| What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit Fuel storage 16 Other (specify below) | | | | | | | | |
| 2 Sewer lines3 Watertight sewer lines | | | er lines | 7 Pit privy 8 Sewage lagoon | 12 Fertilizer storage13 Insecticide storage | | | |
| 4 Lateral lines | | | | 9 Feedyard | 14 Abandoned water | er well | | |
| 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? NE How many feet? Wknown | | | | | | | | |
| FROM TO PLUGGING MATERIALS | | | | | | | | |
| _ | | | | rusent Grout | | REC | EIVED | |
| | | | | ntonite | | OCT 0 7 2004 | | |
| | 0 | 2,5 | So | 11/Grave | | | OF WATER | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 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. 7.14 This Water Well Record was completed on (mo/day/year) by (signature) | | | | | | | | |
| | | | | | | | | |
| 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 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. | | | | | | | | |