

1 LOCATION OF WATER WELL: County: <u>Johnson</u>	Fraction <u>NE 1/4 SW 1/4 SE 1/4</u>	Section Number <u>3</u>	Township Number <u>12S</u>	Range Number <u>25E</u>																																
Distance and direction from nearest town or city street address of well if located within city? <u>5' W of 5321 NORWOOD</u>																																				
2 WATER WELL OWNER: <u>AMOCO</u> RR#, St. Address, Box #: <u>11660 W. 85th</u> City, State, ZIP Code : <u>Wenatchee KS 66214</u> 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%; height: 100px; text-align: center; border-collapse: collapse;"><tr><td colspan="2">N W</td><td colspan="2">N E</td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td colspan="2">S W</td><td colspan="2">S E</td></tr><tr><td colspan="2"></td><td colspan="2"><u>X</u></td></tr><tr><td colspan="4">S</td></tr></table>		N W		N E		W			E	S W		S E				<u>X</u>		S				4 DEPTH OF WELL... <u>15</u> .....ft. WELL'S STATIC WATER LEVEL... <u>dry</u> .....ft. WELL WAS USED AS: <table style="width:100%;"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes....No.... If yes, mo/day/yr sample was submitted.....  Water Well Disinfected: Yes..... No.....			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.....
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td><u>CPVC</u></td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter... <u>2</u> .....in.      Was casing pulled? Yes <u>X</u> <u>Augered</u> No..... If yes, how much..... Casing height above or below land surface.....in.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<u>CPVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile																							
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6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <u>3</u> Bentonite    4 Other..... Grout Plug Intervals:    From... <u>15</u> ...ft. to... <u>1</u> ...ft., From.....ft. to .....ft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table> Direction from well? .....      How many feet? .....					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		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well													
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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) <u>11-29-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>562</u> This Water Well Record was completed on (mo/day/year) <u>11-29-95</u> under the business name of <u>Max's Enterprises</u> by (signature) <u>Paula King</u>																																				
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly and print clearly.</u> 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.																																				