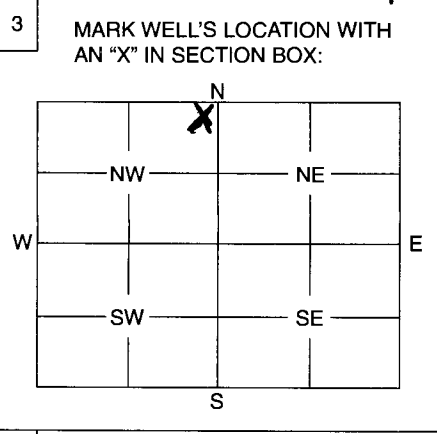


1	LOCATION OF WATER WELL:	Fraction <i>NW NE 1/4 NW 1/4</i>	Section Number <i>9</i>	Township Number <i>T12 S</i>	Range Number <i>R4E</i> E/W
---	-------------------------	---	----------------------------	---------------------------------	--------------------------------

County: *Dickinson*  
 Distance and direction from nearest town or city street address of well if located within city?  
*4 miles N. of Chapman and 1 1/2 miles East*

2	WATER WELL OWNER: <i>Don Campbell</i>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <i>2136 HWY 18</i>	Application Number:
	City, State, ZIP Code : <i>Chapman, KS 67431</i>	



4	DEPTH OF WELL ..... <i>168</i> ..... ft.	WELL'S STATIC WATER LEVEL ..... <i>105</i> ..... ft.
	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 .....	
	If yes, mo/day/yr sample was submitted .....	
	Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....	

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

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:  1 Neat cement  2 Cement grout  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 type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS

INSTALLED PITLESS  
 ADAPTER ON THIS  
 WELL THAT HAD JUST  
 BEEN DRILLED

RECONSTRUCTED

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ~~plugged~~ under my jurisdiction and was completed on (mo/day/year) ..... *6-9-04* ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... *6047* ..... This Water Well Record was completed on (mo/day/year) *6-24-04* under the business name of *MEL'S PUMP & PLUMBING* by (signature) *Melvin M. Anderson*

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.

(RECONSTRUCTION)