1 Loc	CATION OF WATER WELL:	Fraction	Section Number	Township Number	Range	Number
County: Dickinson SI		SE4 NW4 NW4	32	12	4	(E)w
Distance and direction from nearest town or city street address of well if located within city?						
302 E. 4th St Chapman, KS						
2 WATER WELL OWNER: Home Oil Company						
RR #, St. Address, Box #: City, State, ZIP Code : Chapman KS 67431 Board of Agriculture, Division of Water Resources Application Number:						
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 4. Th. AN "X" IN SECTION BOX:						
AN .	WELL'S STATIC WATER LEVEL 26.3 ft.					
		WELL WAS USED AS:				
X	W NE	1 Domestic 2 Irrigation	5 Public Water Supply 6 Oil Field Water Suppl	9 Dewaterli y 10 Monitorin		
w	E	3 Feedlot	7 Domestic (Lawn & Ga	arden) Dinjection	Well	
		4 Industrial	8 Air Conditioning	12 Other	V	
SW——SE—————————————————————————————————						
Water Well Disinfected: Yes No						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
②PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (specify below)		
3 Watertight sewer lines4 Lateral lines		8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water w	13 Insecticide storage 14 Abandoned water well		
5 C	ess pool	10 Livestock pens	15 Oil well/Gas well			
Direction from well? How many feet?						
FROM	TO PLU	GGING MATERIALS	-			
Ο,	3' Native m	naterial				
3	3 Native n 40' Bentonite	chins				
		,				
CONTE	RACTOR'S OF LANDOWNER	'S CERTIFICATION: This	water well was nlunged a	inder my jurisdiction ar	nd was con	noleted on
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 3.29.1.10						
Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 4-28-10 under the business name of GreenField ContractorS						
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, 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.