1 Loc	CATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Dickinson		SE% NW% NW%	32	12:	4 @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 #: Rt. 1, Box 4 Board of Agriculture, Division of Water Resources						
City, S	State, ZIP Code : Chapm	ian KS 67431	Application Number:			
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 40 ft.						
AN "	AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 25.8 ft.					
	N I	WELL WAS USED AS:				
Χ.	W NE					
	IW NE NE	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Suppl	9 Dewateri y 10 Monitorin		
w		3 Feedlot	7 Domestic (Lawn & Ga 8 Air Conditioning			
		4 madshar	Ç			
SW SE Was a chemical / bacteriological sample submitted to Department? Yes						
Water Well Disinfected: Yes NoX						
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						
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 6 Seepage pit			11 Fuel storage	16 Other (spec	cify below)	
	Sewer lines Vatertight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage			
4 L	ateral lines	9 Feedyard	14 Abandoned water w	14 Abandoned water well		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well						
Direction from weil? How many feet?						
FROM	TO PI	LUGGING MATERIALS				
V.	3 Native	- h ' - 1				
<u> </u>		material				
3	40 Bentonit	e chips				
			•			
, T						
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)329						
Water Well Contractor's License No. 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, Geology Section, 1000 SW Jackson St. 420. Topeka Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.