

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Dickinson</u>	<u>SE 1/4 NW 1/4 NW 1/4</u>	<u>32</u>	<u>12</u>	<u>4</u> <span style="float: right;">EW</span>

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: <u>Home Oil Company</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>Rt. 1, Box 4</u>	Application Number:
	City, State, ZIP Code: <u>Chapman KS 67431</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:															
<table style="margin: auto; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">N</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="width: 100px;"></td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">S</td> </tr> </table>		N			X	NW	NE	W		E	SW	SE		S		
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W		E														
SW	SE															
S																

4	DEPTH OF WELL <u>31</u> ft.
	WELL'S STATIC WATER LEVEL <u>26.2</u> ft.
WELL WAS USED AS:	
<ul style="list-style-type: none"> <li>1 Domestic</li> <li>2 Irrigation</li> <li>3 Feedlot</li> <li>4 Industrial</li> </ul>	<ul style="list-style-type: none"> <li>5 Public Water Supply</li> <li>6 Oil Field Water Supply</li> <li>7 Domestic (Lawn &amp; Garden)</li> <li>8 Air Conditioning</li> </ul>
<ul style="list-style-type: none"> <li>9 Dewatering</li> <li><input checked="" type="radio"/> 10 Monitoring Well</li> <li>11 Injection Well</li> <li>12 Other .....</li> </ul>	
Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....	
If yes, mo/day/yr sample was submitted .....	
Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> .....	

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><input checked="" type="radio"/> 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter <u>4</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ..... If yes, how much <u>3'</u>										
	Casing height above or below land surface ..... in.										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other .....																				
	Grout Plug Intervals: From <u>3</u> ft. to <u>31</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>		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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Direction from well? ..... How many feet? .....																					

FROM	TO	PLUGGING MATERIALS
0'	3'	Native material
3'	31'	Bentonite chips

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3-29-10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) <u>4-28-10</u> under the business name of <u>Green Field Contractors</u> by (signature) <u>[Signature]</u>
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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.