

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>CREARY</u>	<u>NE 1/4 NE 1/4 SE 1/4</u>	<u>4</u>	<u>11/4</u>	<u>12</u>	<u>S</u>	<u>5</u>	<u>(E/W)</u>

Distance and direction from nearest town or city street address of well if located within city?  
From Hwy 18 & Spring Valley Rd, go north 1/2 mile, west side of rd.

2	WATER WELL OWNER: <u>Bill Reimler</u>
	RR #, St. Address, Box #: <u>Unknown, Spring Valley Rd</u> Board of Agriculture, Division of Water Resources
	City, State, ZIP Code : <u>Junction City, KS. 66441</u> Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4	DEPTH OF WELL ..... <u>150</u> ..... ft.
	WELL'S STATIC WATER LEVEL ..... <u>0</u> ..... ft.
	WELL WAS USED AS:
	<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Injection Well <input type="checkbox"/> Other .....
	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 <input checked="" type="checkbox"/> No .....

5	TYPE OF BLANK CASING USED:
	1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile
	Blank casing diameter ..... <u>5</u> ..... in.      Was casing pulled?      Yes .....      No <input checked="" type="checkbox"/> .....      If yes, how much .....
	Casing height above or below land surface ..... <u>36</u> ..... in. <u>1</u>

6	GROUT PLUG MATERIAL:      1 Neat cement <input checked="" type="checkbox"/> Cement grout      3 Bentonite      4 Other .....
	Grout Plug Intervals:      From ..... <u>0</u> ..... ft.      to ..... <u>150</u> ..... ft.,      From ..... ft.      to ..... ft.,      From .....      to ..... ft.
	What is the nearest source of possible contamination:
	<input checked="" type="checkbox"/> Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below) <input type="checkbox"/> Sewer lines      7 Pit privy      12 Fertilizer storage <input type="checkbox"/> Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage <input type="checkbox"/> Lateral lines      9 Feedyard      14 Abandoned water well <input type="checkbox"/> Cess pool      10 Livestock pens      15 Oil well/Gas well
	Direction from well? <u>EAST</u> How many feet? <u>400'±</u>

FROM	TO	PLUGGING MATERIALS

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>11/7/07</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NA</u> ..... This Water Well Record was completed on (mo/day/year) ..... <u>3-1-07</u> ..... under the business name of <u>J+K Contracting, L.L.C.</u> by (signature) <u>Shannon Jolke</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.