

1	LOCATION OF WATER WELL:	Fraction <u>NE</u>	Section Number <u>4</u>	Township Number <u>13</u>	Range Number <u>13</u> E/W
County: <u>ABAUSSER</u>					

Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER: <u>ANDY WENPLAND</u>
RR #, St. Address, Box #: <u>11241 ECHO CLIFF RD</u> Board of Agriculture, Division of Water Resources	
City, State, ZIP Code: <u>MADE HILL, KS 66507</u> Application Number: _____	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <u>26</u> ft.
		WELL'S STATIC WATER LEVEL ..... <u>6</u> ft.	
		WELL WAS USED AS:	
		<input checked="" type="checkbox"/> 1 Domestic      5 Public Water Supply      9 Dewatering <input type="checkbox"/> 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well <input type="checkbox"/> 3 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well <input type="checkbox"/> 4 Industrial      8 Air Conditioning      12 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) <u>HAND DUG</u> 2 PVC      4 ABS      6 Asbestos-Cement      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 <u>3 Bentonite</u> 4 Other .....
Grout Plug Intervals: From <u>23</u> ft. to <u>24</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.	
What is the nearest source of possible contamination:	
1 Septic tank      6 Seepage pit <u>11 Fuel storage</u> 16 Other (specify below) ..... 2 Sewer lines      7 Pit privy <u>12 Fertilizer storage</u> ..... 3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage ..... <u>4 Lateral lines</u> 9 Feedyard <u>14 Abandoned water well</u> ..... 5 Cess pool      10 Livestock pens      15 Oil well/Gas well .....	
Direction from well? .....      How many feet? .....	

FROM	TO	PLUGGING MATERIALS
26"	20'	GRAVEL
20	4	SOIL -
4	3.6	BENTONITE
3.4	0	TOP SOIL

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9/12/16</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) _____ under the business name of _____ by (signature) _____
---	---

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.