

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Dickinson	SW SE SE	9	13	2 EW

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

509 NE 14th St, Abilene

2	WATER WELL OWNER: Robson Oil	MWS
	RR #, St. Address, Box #: PO Box 694	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: Abilene, KS 67410	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:															
<table border="1" style="width:100%; height:100px; border-collapse: collapse;"> <tr><td colspan="3" style="text-align:center;">N</td></tr> <tr><td style="width:33%;">NW</td><td style="width:33%;"></td><td style="width:33%;">NE</td></tr> <tr><td style="width:33%;">W</td><td></td><td style="width:33%;">E</td></tr> <tr><td style="width:33%;">SW</td><td></td><td style="width:33%;">SE</td></tr> <tr><td colspan="3" style="text-align:center;">S</td></tr> </table>		N			NW		NE	W		E	SW		SE	S		
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4	DEPTH OF WELL 14 ft.	
	WELL'S STATIC WATER LEVEL 1052 ft.	
WELL WAS USED AS:		
1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring Well
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
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 No <input checked="" type="checkbox"/>		

5	TYPE OF BLANK CASING USED:	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter 2 in.	Was casing pulled? Yes <input checked="" type="checkbox"/> No
	Casing height above or below land surface 0 in.	If yes, how much 14

6	GROUT PLUG MATERIAL:	1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other Grout Plug Intervals: From 3 ft. to 14 ft., From ft. to ft., From to ft.
What is the nearest source of possible contamination:		
1 Septic tank	6 Seepage pit	<input checked="" type="checkbox"/> Fuel storage
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
16 Other (specify below)		
Direction from well? How many feet?		

FROM	TO	PLUGGING MATERIALS
0	3	Soil
3	14	Seal

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/18/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 7/15/05 under the business name of <u>Larsen & Associates, Inc</u> by (signature) <u>Vicky Mann</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.