

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Johnson</u>	<u>SE 1/4 SW 1/4 SE 1/4</u>	<u>35</u>	<u>13</u>	<u>23</u> <u>Q</u> <u>FW</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>820 S. Kansas</u>																																
2	WATER WELL OWNER: <u>CAC Inc</u>																															
	RR #, St. Address, Box #: City, State, ZIP Code		Board of Agriculture, Division of Water Resources Application Number:																													
	<u>PO BOX 877</u> <u>Olatho KS</u>		<u>MW2</u>																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>16.75</u> ft.																												
			WELL'S STATIC WATER LEVEL ft.																													
			WELL WAS USED AS:																													
			1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 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 <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>																													
5	TYPE OF BLANK CASING USED:																															
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>2</u> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																															
Blank casing diameter in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>16.75</u> in.																																
Casing height above or below land surface in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																															
Grout Plug Intervals: From <u>3</u> ft. to <u>17</u> ft., From ft. to ft., From to ft.																																
What is the nearest source of possible contamination:																																
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																																
Direction from well? How many feet?																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>1</u></td> <td><u>Concrete</u></td> </tr> <tr> <td><u>1</u></td> <td><u>3</u></td> <td><u>Soil</u></td> </tr> <tr> <td><u>3</u></td> <td><u>17</u></td> <td><u>Bentonite</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>1</u>	<u>Concrete</u>	<u>1</u>	<u>3</u>	<u>Soil</u>	<u>3</u>	<u>17</u>	<u>Bentonite</u>															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/21/16</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> This Water Well Record was completed on (mo/day/year) <u>8/21/16</u> under the business name of <u>Larsen Associates, Inc</u> by (signature) <u>Kelly Gunn</u>																															
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.																																