

MW#9

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: <u>Johnson</u>	<u>SW 1/4 SE 1/4 SW 1/4</u>	<u>24</u>	<u>14</u>	<u>22-E</u>																																				
Distance and direction from nearest town or city street address of well if located within city? <u>404 E Main GARDNER KS</u>																																								
2 WATER WELL OWNER: <u>MS Marty Powell</u>																																								
RR#, St. Address, Box #: <u>404 East Main</u>		Board of Agriculture, Division of Water Resources																																						
City, State, ZIP Code: <u>GARDNER, KS 66030</u>		Application Number:																																						
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100px; height:100px; margin: 10px auto;"><tr><td></td><td>N W</td><td></td><td>N E</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td></td><td>S W</td><td></td><td>S E</td></tr><tr><td></td><td style="text-align: center;">X</td><td></td><td></td></tr><tr><td></td><td colspan="2" style="text-align: center;">S</td><td></td></tr></table>			N W		N E					W			E		S W		S E		X				S			4 DEPTH OF WELL..... <u>15</u>ft. WELL'S STATIC WATER LEVEL..... <u>0</u>ft. WELL WAS USED AS: <table style="width:100%"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>☒ 10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes..... <u>NO</u> ... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... No.....			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	☒ 10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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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>☒ 2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter.. <u>2</u>in. Was casing pulled? Yes.. <u>✓</u> No..... If yes, how much.. <u>5'</u> Casing height above or below land surface..... <u>0</u>in.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	☒ 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																											
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other..... Grout Plug Intervals: From.. <u>15</u> ft. to.. <u>0</u> ft., From.....ft. toft., From..... toft. 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> Direction from well? <u>WEST</u> How many feet? <u>45</u>					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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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).... <u>8-29-98</u> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>572</u> This Water Well Record was completed on (mo/day/year).... <u>9-5-98</u> under the business name of <u>KURTZ EARTH & WATER SERVICE</u> by (signature) <u>[Signature]</u>																																								
INSTRUCTIONS: Use typewriter or ball point pen. Please <u>press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.																																								