

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																								
County: Johnson		NE 1/4 1/4 1/4	12	14S	22E																								
Distance and direction from nearest town or city street address of well if located within city?																													
2 WATER WELL OWNER: IN K-O-O-T R.O.W. Jo. Co.																													
RR#, St. Address, Box #:		Board of Agriculture, Division of Water Resources																											
City, State, ZIP Code :		Application Number:																											
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL..... 20ft.																											
N		WELL'S STATIC WATER LEVEL..... 18ft.																											
<table border="1"><tr><td></td><td></td><td></td><td>X</td></tr><tr><td>N W</td><td></td><td>N E</td><td></td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td>S W</td><td></td><td>S E</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>					X	N W		N E		W			E	S W		S E						WELL WAS USED AS:							
			X																										
N W		N E																											
W			E																										
S W		S E																											
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Was a chemical/bacteriological sample submitted to Department? Yes....No X ..																													
If yes, mo/day/yr sample was submitted.....																													
Water Well Disinfected: Yes... X .. No.....																													
14 gallon Chlorox																													
5 TYPE OF BLANK CASING USED:																													
<table><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>Hand Laid Rock</td></tr></table>						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	Hand Laid Rock														
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Blank casing diameter: Nonein. 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 <u>Cement grout</u> 3 Bentonite 4 Other.....																													
Grout Plug Intervals: From.. 2 ..ft. to.. 1 ..ft., From.....ft. toft., From..... to.....ft.																													
What is the nearest source of possible contamination:																													
<table><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>Farm Field</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>						1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	Farm Field	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)..... 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) 8-27-93 under the business name of Haupt Construction Co. by (signature) Bruce Haupt																													
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.																													