

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>DICKINSON</u>	<u>SW¹/₄NE¹/₄SW¹/₄</u>	<u>24</u>	<u>14</u>	<u>4</u>

Distance and direction from nearest town or city street address of well if located within city?
ONE mile east, one and one half mile north of Woodbine, KS

2	WATER WELL OWNER: <u>Wayne Knopp</u>	Board of Agriculture, Division of Water Resources
	RR#, St. Address, Box #: <u>1771 Trail Rd</u>	Application Number:
	City, State, ZIP Code: <u>Chapman, KS 67431</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL..... <u>27</u>ft.																								
	N <table border="1" style="width: 100px; height: 100px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>N</td><td> </td><td>E</td></tr> <tr><td> </td><td> </td><td>X</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>S</td><td> </td><td>E</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						N		E			X							S		E						WELL'S STATIC WATER LEVEL <u>22</u>ft.
	N		E																								
		X																									
	S		E																								
			WELL WAS USED AS:																								
			<table border="0"> <tr> <td><input checked="" type="checkbox"/> 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>	<input checked="" type="checkbox"/> 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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			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)
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 3 Bentonite 4 Other.....

Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 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? NE..... How many feet? 1800.....

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>5</u>	<u>Topsoil</u>
<u>5</u>	<u>6</u>	<u>Bentonite</u>
<u>6</u>	<u>22</u>	<u>Clay</u>
<u>22</u>	<u>27</u>	<u>Small gravel</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-6-96 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) Wayne S. Knopp

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send ~~to~~ 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.