

1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 SE 1/4 Section Number 24 Township Number 15 Range Number 1 E/W

County: Dickinson

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

2 WATER WELL OWNER: Ne Barten

RR #, St. Address, Box #: 987 Fair Rd Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Abilene, KS Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
NW	NE
W	E
SW	SE
S	

X

4 DEPTH OF WELL ..... 44 ..... ft.

WELL'S STATIC WATER LEVEL ..... 41 ..... 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 <u>Lost Watering Hole</u>

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 .....

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below) <u>Hand-dug rock lined</u>
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 4.2 in. Was casing pulled? Yes ..... No ..... If yes, how much .....

Casing height above or below land surface .....

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Plug Intervals: From 5.5 ft. to 5.0 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	<u>10 Livestock pens</u>	15 Oil well/Gas well	

Direction from well? South How many feet? 0

FROM	TO	PLUGGING MATERIALS
44'	41'	gravel
41'	<del>25</del> 5'	subsoil
5'	4.5'	bentonite
4.5'	0	topsoil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) August 15, 2011 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) December 22, 2011, under the business name of .....

by (signature) Ned Barten

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.