

1	LOCATION OF WATER WELL: County: LYON	Fraction SE <input checked="" type="radio"/> 1/4 <input type="radio"/> 1/4 <input type="radio"/> 1/4	Section Number 20	Township Number 15	Range Number 12 <input checked="" type="radio"/> E/W
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Distance and direction from nearest town or city street address of well if located within city?

North of Admire, KS. 6 miles

2	WATER WELL OWNER: MARK HOELTING RR #, St. Address, Box #: 3921 Hwy 99 City, State, ZIP Code: Allen, KS 66833	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 15 ft. WELL'S STATIC WATER LEVEL 9 ft. WELL WAS USED AS: <input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial <input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Domestic (Lawn & Garden) <input type="radio"/> 8 Air Conditioning <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other
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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

5	TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) Rock	Blank casing diameter 36 in. Casing height above or below land surface 60 in.	Was casing pulled? Yes <input checked="" type="checkbox"/> X No If yes, how much 5 ft
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other	Grout Plug Intervals: From 5 ft. to 4.5 ft., From ft. to ft., From ft. to ft.
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What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool
 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens
 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well
 16 Other (specify below)

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
15	6	Rock, gravel
6	5	soil
5	4.5	Bentonite
4.5	0	Top soil

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-19-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 9-21-09 This Water Well Record was completed on (mo/day/year) 9-21-09 under the business name of Landowner by (signature) Mark Hoelting
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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.