

1	LOCATION OF WATER WELL:	Fraction <i>SE SE NE</i> <i>SW 1/4 1/4 1/4</i>	Section Number <i>17</i>	Township Number <i>15</i>	Range Number <i>3</i>
County: <i>Dickinson</i>					

Distance and direction from nearest town or city street address of well if located within city?
10 miles south of Abilene, Ks. 4 1/2 East

2 WATER WELL OWNER: *REX SANDOW*
 RR#, St. Address, Box #: *1104 Hawk Rd* Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: *ABILENE, KS 67410* Application Number:

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

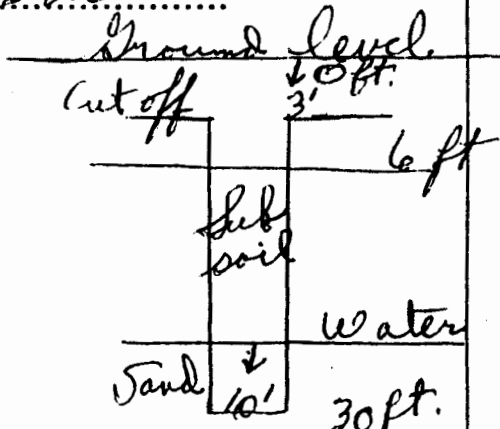
N		
	N W	N E
W		X E
	S W	S E
S		

4 DEPTH OF WELL.....*30*.....ft.
 WELL'S STATIC WATER LEVEL...*10*.....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 Lawn and Garden Only 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other.....
 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)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter...*6*...in. Was casing pulled? Yes..... No.*X*... If yes, how much.....
 Casing height above or below land surface...*3.6*.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
 Grout Plug Intervals: From...*0*...ft. to *3*...ft., From.....ft. toft., 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 10 Livestock pens 15 Oil well/Gas well
 Direction from well? ...*S.E.*..... How many feet? *1320*.....

FROM	TO	PLUGGING MATERIALS
<i>30'</i>	<i>20'</i>	<i>Washed disinfected sand</i>
<i>20'</i>	<i>6'</i>	<i>Subsoil</i>
<i>6'</i>	<i>3'</i>	<i>Cement Plug</i>
<i>3'</i>	<i>0</i>	<i>Cut off & Back Fill</i>



7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) *Mar. 1, 1994* 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) *Marcella Sandow*

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.