

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Marion</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>7</u>	<u>18</u>	<u>SE</u> E/W

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

2 WATER WELL OWNER: Ronnie Carlson
 RR #, St. Address, Box #: 2920 Zebalon
 City, State, ZIP Code: Lincolns: Hc Ks 66858
 Board of Agriculture, Division of Water Resources
 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 111 ft.
 WELL'S STATIC WATER LEVEL 109 ft.
 WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering
<input type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other

Was a chemical / bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile

Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface 48 in.

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

Grout Plug Intervals: From 4 ft. to 10 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
<input checked="" type="checkbox"/> 3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage
<input checked="" type="checkbox"/> 4 Lateral lines	9 Feedyard	14 Abandoned water well
5 Cess pool	10 Livestock pens	15 Oil well/Gas well

Direction from well? West How many feet? 500

FROM	TO	PLUGGING MATERIALS
<u>111</u>	<u>108</u>	<u>gravel</u>
<u>108</u>	<u>10</u>	<u>screening (limestone fins)</u>
<u>10</u>	<u>5</u>	<u>grout</u>
		<u>cutoff at 5'</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-28-14 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) 10-3-14 under the business name of
 by (signature) Ronnie Carlson Landowner

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.