

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
	County: <u>MORRIS</u>	<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>22</u>	<u>16</u>	<u>7E</u>																																
Distance and direction from nearest town or city street address of well if located within city? <u>1 MILE NORTH AND 1.5 MILES EAST OF WILSBY</u>																																					
2	WATER WELL OWNER: <u>BULLBERT GRABER</u>																																				
RR #, St. Address, Box #: City, State, ZIP Code :			Board of Agriculture, Division of Water Resources Application Number: <u> </u>																																		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">N</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td>X</td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td><td></td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> <div style="text-align: center; margin-left: 10px;">S</div> </div>							X		NW		NE		W			E					SW		SE													
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4	DEPTH OF WELL <u>117</u> ft WELL'S STATIC WATER LEVEL <u>32</u> ft. WELL WAS USED AS: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial </div> <div style="width: 33%;"> <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning </div> <div style="width: 33%;"> <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other </div> </div> 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: <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below) <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile Blank casing diameter ... <u>1.6</u> ... in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface <u>FLUSH</u> in. <u>ONLY UPPER 10' OF THE WELL WAS CASING</u>																																				
6	GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <u>SLURRY</u> Grout Plug Intervals: From ... <u>117</u> ... ft. to ... <u>3</u> ... ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess Pool </div> <div style="width: 33%;"> <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input checked="" type="checkbox"/> 10 Livestock pens </div> <div style="width: 33%;"> <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well </div> </div> <input type="checkbox"/> 16 Other (specify below) Direction from well? <u>WEST</u> How many feet? <u>~40</u>																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>3</u></td> <td><u>CLAY</u></td> </tr> <tr> <td><u>3</u></td> <td><u>117</u></td> <td><u>BENTONITE (201.5 ft³)</u></td> </tr> <tr> <td></td> <td><u>117</u></td> <td><u>TOTAL DEPTH</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>3</u>	<u>CLAY</u>	<u>3</u>	<u>117</u>	<u>BENTONITE (201.5 ft³)</u>		<u>117</u>	<u>TOTAL DEPTH</u>																				
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4/4/01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u> This Water Well Record was completed on (mo/day/year) <u>4/19/01</u> by (signature) <u>[Signature]</u> under the business name of <u>BOSSO, JAMES R. ENGINEERING, INC.</u>																																				
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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																					