

225571

22aw182

|   |                         |                             |                |                 |              |
|---|-------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number |
|   | County: <u>Marion</u>   | <u>SE 1/4 SW 1/4 SW 1/4</u> | <u>34</u>      | <u>19</u>       | <u>2E</u>    |

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

2 WATER WELL OWNER: Dooz Pankratz  
 RR#, St. Address, Box #: 405 S. Lincoln Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Hillsboro, Kansas Application Number:

|   |   |   |  |
|---|---|---|--|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N | 4 | DEPTH OF WELL..... <u>58.30</u> .....ft.<br>WELL'S STATIC WATER LEVEL..... <u>25.65</u> .....ft.<br>WELL WAS USED AS:<br>1 Domestic<br><u>2 Irrigation</u><br>3 Feedlot<br>4 Industrial<br>5 Public Water Supply<br>6 Oil Field Water Supply<br>7 Lawn and Garden Only<br>8 Air Conditioning<br>9 Dewatering<br>10 Monitoring Well<br>11 Injection Well<br>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..... No...X...

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.....5.....in. Was casing pulled? Yes..... No...X... If yes, how much.....  
 Casing height above or below land surface.....in. Casing cut off 3' below surface.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....  
 Grout Plug Intervals: From 58.3 ft. to 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 .....

Direction from well? SW..... How many feet? 250.....

| FROM     | TO          | PLUGGING MATERIALS |
|----------|-------------|--------------------|
| <u>0</u> | <u>58.3</u> | <u>Bentonite</u>   |
|          |             |                    |
|          |             |                    |
|          |             |                    |
|          |             |                    |
|          |             |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/18/98..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531..... This Water Well Record was completed on (mo/day/year) 8/20/98..... under the business name of Geotechnical Services, Inc.  
 by (signature) Ken H. [Signature].....

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.