

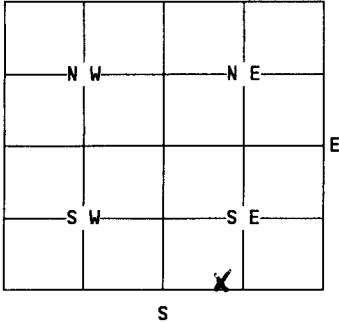
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<b>CHASE</b>	<b>SW 1/4 SE 1/4 SE 1/4</b>	<b>28</b>	<b>19S</b>	<b>8E</b>

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

2	WATER WELL OWNER: <b>CHARLES TOM JONES</b> <b>RT. 1, BOX 68</b> RR#, St. Address, Box #: <b>COTTONWOOD FALLS, KS 66845</b> City, State, ZIP Code	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N
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4	DEPTH OF WELL..... <b>26</b> .....ft. WELL'S STATIC WATER LEVEL... <b>DRY</b> .....ft.
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WELL WAS USED AS:

- |   |                          |                    |
|---|--------------------------|--------------------|
| <input checked="" type="radio"/> 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 .  
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... No .

5	TYPE OF BLANK CASING USED: <input checked="" type="radio"/> 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..... <b>6</b> .....in.    Was casing pulled? Yes <input checked="" type="checkbox"/> No..... If yes, how much... <b>5'</b> .....	
Casing height above or below land surface.....in.	

6	GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <input checked="" type="radio"/> 3 Bentonite    4 Other.....
Grout Plug Intervals: From.....ft. to.....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 3 Watertight sewer lines <input checked="" type="radio"/> 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? .....	How many feet? .. <b>2000'</b> .....

FROM	TO	PLUGGING MATERIALS
0	3	TOPSOIL
3	6	BENTONITE
6	26	SUBSOIL

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)... <b>3-2-96</b> .... 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) <b>Charles Tom Jones</b> .....
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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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.