

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>CHASE</b>		<b>NE 1/4 NE 1/4 SE 1/4</b>	<b>15</b>	<b>19 S</b>	<b>9 E</b>

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

2 WATER WELL OWNER: **Toledo township**  
 RR#, St. Address, Box #: **% Dan Hornberg** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **RR3 Emporia KS 66801** Application Number:

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

N			
	N W		N E
W			X E
S			

4 DEPTH OF WELL.....**32**.....ft.  
 WELL'S STATIC WATER LEVEL.....**15**.....ft. **from ground level**  
 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...  
 If yes, mo/day/yr sample was submitted.....  
 Water Well Disinfected: Yes...... 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    **10 Limestone Rock - Concrete**  
 Blank casing diameter.....**4.9**.....in.    Was casing pulled? Yes..... No..... If yes, how much.....  
 Casing height (above) or below land surface.....**6**.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    **3** Bentonite    4 Other.....  
 Grout Plug Intervals: From..**5**..ft. to..**4.5**..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                    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.W.**.....                                  How many feet? .....**150**.....

FROM	TO	PLUGGING MATERIALS
<b>0</b>	<b>4.5ft</b>	<b>TOP Soil</b>
<b>4.5</b>	<b>5ft</b>	<b>Bentonite</b>
<b>5</b>	<b>15ft</b>	<b>Clay subsoil</b>
<b>15</b>	<b>32ft</b>	<b>Sand</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..**6-23-01**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...**NA**..... This Water Well Record was completed on (mo/day/year) ..**6-23-01**..... under the business name of ...**NA**..... by (signature) **Thomas C. Brady**

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.