| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | |
|--|---|---|---|-------------------|--|
| county: Chase | MW145E14/W4 | 31 | 20 | 6 ± | |
| Distance and direction from nearest town or city street address of well if located within city? 5 + 2 + 10 n. 12 + 83 - 63 + 2 + 5 2 WATER WELL OWNER: 12 + 5 DOCK 12 + 5 Board of Agriculture, Division of Water Resources City, State, ZIP Code : 10 pc k o ks 66 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 3.8 | | | | | |
| 2 WATER WELL OWNER: Kansa | spept Traus) | ימסדרבריוסי | | | |
| RR#, St. Address, Box #: 576 City, State, ZIP Code : 779 | eka Ks 66612 | Board of Agric | culture, Division of W Amber: | later Resources | |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF WELL WELL'S STATIC WATE | 3.8 ER LEVEL2.4 | ft. ft. | | |
| | WELL WAS USED AS: | | | | |
| W X E | 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial | 5 Public Water Supp 6 Oil Field Water S 7 Lawn and Garden C 8 Air Conditioning | oly 9 Dewatering Supply 10 Monitoring Only 11 Injection 12 Other | g Well Well | |
| | If yes, mo/day/yr sa | ample was submitted | | t? YesNo | |
| S | Water Well Disinfect | ted: Yes.X No | • | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | |
| PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameterin. Was casing pulled? Yes | | | | | |
| Grout Plug Intervals: From | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| 2 Sewer lines 7 Pit privy 1 3 Watertight sewer lines 8 Sewage lagoon 1 4 Lateral lines 9 Feedyard 1 | | 13 Insecticide stora | 2 Fertilizer storage 3 Insecticide storage 4 Abandoned water well | | |
| Direction from well? How many feet? | | | | | |
| FROM TO PL | PLUGGING MATERIALS | | Disintected well Packed to | | |
| 0 13' 501 | [Moterial Dugo | 24: Be | ntonite to sing with illed to 13 u | 18'009 | |
| 13 18 Clay | | - OUTCZ | sing with | hoc | |
| 18 24 Bey | tonite, | pulled F | illed to 13 u | 1,74(109) | |
| 24 38 Wel | l Pack. | Filled | .z rae Holec | # MOCISEO | |
| | | \perp with m | laterial Ke | moved. | |
| | | \dashv | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S | CERTIFICATION:This water | r well was plugged ur | nder my jurisdiction a | and was completed | |
| on (mo/day/year). 1.19.7. Water Well Contractor's Lice by (signature) | nse No | This Water Well | Record was completed | on (mo/day/year) | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.