

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>LIANN</u>		<u>NE 1/4 NW 1/4 SE 1/4</u>	<u>SEC</u>	<u>7</u>	<u>22</u>	<u>S</u>	<u>25</u>	<u>@W</u>

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

4+800 ACCESS #5

2	WATER WELL OWNER:
RR #, St. Address, Box #:	
City, State, ZIP Code :	
Board of Agriculture, Division of Water Resources Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>6' 4" 22</u> ft. WELL'S STATIC WATER LEVEL <u>6' 4"</u> ft. WELL WAS USED AS:  <input checked="" type="radio"/> Domestic <input type="radio"/> Irrigation <input type="radio"/> Feedlot <input type="radio"/> Industrial <input type="radio"/> Public Water Supply <input type="radio"/> Oil Field Water Supply <input type="radio"/> Domestic (Lawn & Garden) <input type="radio"/> Air Conditioning <input type="radio"/> Dewatering <input type="radio"/> Monitoring Well <input type="radio"/> Injection Well <input type="radio"/> Other <u>ROCKS</u>
		Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes <u>X</u> ..... 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 <u>ROCKS - HAND DUG</u>	
Blank casing diameter <u>5.4</u> in.      Was casing pulled? Yes ..... No <u>X</u> ..... If yes, how much .....	
Casing height above or below land surface <u>7.2</u> in. <u>EXCAV 6' BELOW GROUND</u>	

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> Bentonite	<input type="radio"/> Other <u>CLAY</u>
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      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? .....					

FROM	TO	PLUGGING MATERIALS
22	<u>7</u>	GRAVEL (GRANULAR)
7	6	BENTONITE (GRANULAR)
6	0	CLAY

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-3-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>10-9-07</u> under the business name of <u>[Signature]</u> This Water Well Record was completed on (mo/day/year) <u>10-9-07</u> by (signature) <u>[Signature]</u>
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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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.