| 1 LOCATION OF WATER WELL:  | Fraction                  | Section Number   | Township Number                          | Range Number |  |
|--|---------------------------|--|--|--------------|--|
| County: Marjon   | 5E 1/4 NW1/4 NW1/4        | 4  | T-22-5                                   | R-3-E        |  |
| Distance and direction from nearest town or city street address of well if located within city?  |                           |  |  |              |  |
| Distance and direction from nearest town or city street address of well if located within city?  North East Corner of 5th and Popular street  2 WATER WELL OWNER: City of Peabody  |                           |  |  |              |  |
| RR#, St. Address, Box #: 300 North Walnut Board of Agriculture, Division of Water Resources  |                           |  |  |              |  |
| City, State, ZIP Code: Pealocky, Ks 66 866 Application Number:   |                           |  |  |              |  |
| 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL  |                           |  |  |              |  |
| AN "X" IN SECTION BOX:    WELL'S STATIC WATER LEVEL  |                           |  |  |              |  |
|  | WELL WAS USED AS:         |  |  |              |  |
| N W N E  | 1 Domestic                |  |  |              |  |
|  | 2 Irrigation<br>3 Feedlot | 6 Oil Field Water 9 7 Lawn and Garden 0 8 Air Conditioning | Supply 10 Monitorin<br>Only 11 Injection |              |  |
| W  | E 4 Industrial            | 8 Air Conditioning   | 12 Other                                 |              |  |
|  | Use a shamical (heat      | oniclogical comple o                                       | ubmitted to Departmen                    | t2 Vos No X  |  |
| S'W S'E Was a chemical/bacteriological sample submitted to Department? YesNo X  If yes, mo/day/yr sample was submitted   |                           |  |  |              |  |
| Water Well Disinfected: Yes. X No  |                           |  |  |              |  |
| S  |                           |  |  |              |  |
| 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 diameterin. Was casing pulled? Yes.X No If yes, how much 3.F.t  |                           |  |  |              |  |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  |                           |  |  |              |  |
| Grout Plug Intervals: Fromft. toft., Fromft. toft., From   |                           |  |  |              |  |
| What is the nearest source of possible contamination:  |                           |  |  |              |  |
| 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)   |                           |  |  |              |  |
| 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage   |                           |  |  |              |  |
| 4 Lateral lines  | 9 Feedyard                | 14 Abandoned water w                                       | iell                                     |              |  |
| 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well  Direction from well? NE How many feet? 50 Feet   |                           |  |  |              |  |
| The section week.  |                           |  |  |              |  |
| FROM TO PL   |                           |  |  |              |  |
| 50 Ft 30 A Grai  | rel                       |  |  |              |  |
| 30 Ft 22 Ft clays  |                           |  |  |              |  |
| 22 Ft 3 Ft Nea   | t cement                  |  |  |              |  |
|  |                           |  |  |              |  |
|  |                           |  |  |              |  |
|  |                           |  |  |              |  |
|  |                           |  |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed   |                           |  |  |              |  |
| on (mo/day/year).3.31.7.000  |                           |  |  |              |  |
|  |                           |  |  |              |  |
| by (signature)   |                           |  |  |              |  |
| 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.   |                           |  |  |              |  |