

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Harvey</u>	<u>SW<sup>1</sup>/<sub>4</sub> SE<sup>1</sup>/<sub>4</sub> NW<sup>1</sup>/<sub>4</sub></u>	<u>17</u>	<u>23</u>	<u>1-E</u>

Distance and direction from nearest town or city street address of well if located within city?  
300 W Broadway NEWTON, KS MUNI # 1

2 WATER WELL OWNER: <u>DORSEY BAKER</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>300 W Broadway</u>	Application Number: _____
City, State, ZIP Code: <u>NEWTON, KS 67114</u>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL ..... <u>14.5</u> ..... ft						
<div style="text-align:center">N</div> <table border="1" style="width:100%; height:100px; border-collapse: collapse;"> <tr> <td style="width:25%; text-align:center">NW</td> <td style="width:25%; text-align:center">NE</td> </tr> <tr> <td style="text-align:center">X</td> <td></td> </tr> <tr> <td style="width:25%; text-align:center">SW</td> <td style="width:25%; text-align:center">SE</td> </tr> </table> <div style="text-align:center">S</div>	NW	NE	X		SW	SE	WELL'S STATIC WATER LEVEL ..... <u>6</u> ..... ft.
	NW	NE					
X							
SW	SE						
	WELL WAS USED AS: 1 Domestic                      5 Public Water Supply                      9 Dewatering 2 Irrigation                      6 Oil Field Water Supply <input checked="" type="radio"/> 10 Monitoring Well 3 Feedlot                          7 Domestic (Lawn & Garden)                      11 Injection Well 4 Industrial                      8 Air Conditioning                          12 Other .....						
	Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, mo/day/yr sample was submitted .....						
	Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> .....						

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter ..... 2 ..... in.      Was casing pulled?    Yes  ..... No .....      If yes, how much 4.5 .....

Casing height above or below land surface ..... 0 ..... in.

6 GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout     3 Bentonite    4 Other Quickrete

Grout Plug Intervals:    From ..... ft. to ..... ft.,    From 14.5 ft. to -1.6 ft.,    From -1.6 to 0 ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<input checked="" type="radio"/> 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? W .....      How many feet? 0 .....

FROM	TO	PLUGGING MATERIALS
		<u>Drilled to 14.5</u>
<u>14.5</u>	<u>-1.6</u>	<u>BENTONITE 3/8"</u>
<u>-1.6</u>	<u>0</u>	<u>SURFACE QUICKRETE</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-17-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 575 This Water Well Record was completed on (mo/day/year) 9-26-99 under the business name of FUNKER DRILLING INC by (signature) Alan L. Kuntz

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.