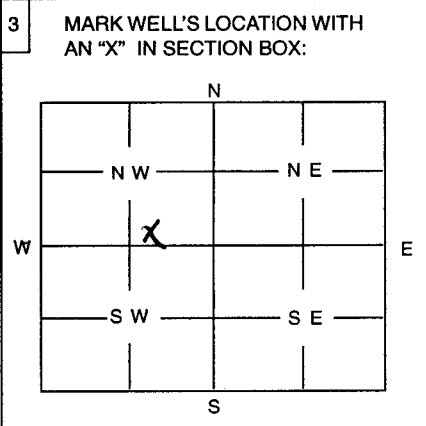


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <b>Harvey</b>	<b>SW 1/4 SE 1/4 NW 1/4</b>	<b>17</b>	<b>23</b>	<b>1-E</b>

Distance and direction from nearest town or city street address of well if located within city?  
**300 W Broadway Newton, KS** **MW#4**

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



4	DEPTH OF WELL ..... <b>14.0</b> ..... ft												
	WELL'S STATIC WATER LEVEL ..... ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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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:										
	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="radio"/> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="radio"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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<input checked="" type="radio"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
	Blank casing diameter <b>2</b> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ..... If yes, how much <b>4'</b>										
	Casing height above or below land surface <b>3</b> in.										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other <b>Quickrete</b>																							
	Grout Plug Intervals: From ..... ft. to ..... ft., From <b>1.4</b> ft. to <b>-0.6</b> ft., From <b>-0.6</b> to <b>0</b> ft.																							
	What is the nearest source of possible contamination:																							
	<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td rowspan="2">} <b>Abandoned</b> }</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td><input checked="" type="radio"/> Fuel storage</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td></td> <td></td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>	1 Septic tank	6 Seepage pit	} <b>Abandoned</b> }	16 Other (specify below)	2 Sewer lines	7 Pit privy	<input checked="" type="radio"/> Fuel storage	3 Watertight sewer lines	8 Sewage lagoon	12 Fertilizer storage		4 Lateral lines	9 Feedyard	13 Insecticide storage		5 Cess Pool	10 Livestock pens	14 Abandoned water well				15 Oil well/Gas well	
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	Direction from well? <b>East</b> How many feet? <b>30</b>																							

FROM	TO	PLUGGING MATERIALS
<b>1.4</b>	<b>-0.6</b>	<b>BENTONITE 3/8"</b>
<b>-0.6</b>	<b>0</b>	<b>QUICKRETE</b>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>9-12-00</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>575</b> This Water Well Record was completed on (mo/day/year) <b>9-26-00</b> under the business name of <b>FUNKER DRILLING SERVICE INC</b> by (signature) <b>Alan L. Rank</b>
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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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.