

|                           |                       |                |                 |                |
|---------------------------|-----------------------|----------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL: | Fraction              | Section Number | Township Number | Range Number   |
| County: <b>Anderson</b>   | <b>SE ¼ SW ¼ SW ¼</b> | <b>06</b>      | <b>23</b>       | <b>19-East</b> |

Distance and direction from nearest town or city street address of well if located within city?  
**6<sup>th</sup> and Pine, Colony Kansas**

|  |  |
|--|--|
| 2 WATER WELL OWNER: <b>Charles Ward</b><br>RR#, St. Address, Box # <b>P.O. Box 26</b><br>City, State, ZIP Code : <b>Colony, Kansas 67015</b> | Board of Agriculture, Division of Water Resources<br>Application Number: |
|--|--|

|  |   |
|--|---|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><br><div style="text-align: center;"> </div> | 4 DEPTH OF WELL <b>17.60</b> ft.<br><br>WELL'S STATIC WATER LEVEL <b>NA</b> ft.<br><br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Domestic<br/>           2 Irrigation<br/>           3 Feedlot<br/>           4 Industrial         </div> <div>           5 Public Water Supply<br/>           6 Oil Field Water Supply<br/>           7 Lawn and Garden (domestic)<br/>           8 Air Conditioning         </div> <div>           9 Dewatering<br/>           10 Monitoring Well<br/>           11 Injection Well<br/>           12 Other         </div> </div> <p>Was a chemical/bacteriological sample submitted to Department? Yes ___ No <b>X</b><br/>         If yes, mo/day/yr sample was submitted _____<br/>         Water Well Disinfected: Yes ___ No <b>X</b></p> |
|--|---|

5 TYPE OF BLANK CASING USED:

|              |            |                   |                 |                         |
|--------------|------------|-------------------|-----------------|-------------------------|
| 1 Steel      | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (specify below) |
| <b>2 PVC</b> | 4 ABC      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter **2.375** in. Was casing pulled? Yes **X** No \_\_\_ If yes, how much? **3"**

Casing height above or below land surface **Unknown** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other** **Soils/Gravel**

Grout Plug Intervals From **17.60** ft. to **3.0** ft. From **3.0** ft. to **1.0** ft. From **1.0** ft. to **0.0** ft.

What is the nearest source of possible contamination:

|                          |                   |                                 |                          |
|--------------------------|-------------------|---------------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | <b>11 Fuel storage (former)</b> | 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? **N/A** How many feet? **0**

| FROM       | TO           | CODE | PLUGGING MATERIALS     |
|------------|--------------|------|------------------------|
| <b>0.0</b> | <b>1.0</b>   |      | <b>Gravel</b>          |
| <b>1.0</b> | <b>3.0</b>   |      | <b>Soils</b>           |
| <b>3.0</b> | <b>17.60</b> |      | <b>Bentonite chips</b> |
|            |              |      |                        |
|            |              |      |                        |
|            |              |      |                        |
|            |              |      |                        |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **05/26/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **06/10/08** under the business name of **Quad State Services, Inc.** by (signature) \_\_\_\_\_

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.