

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

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

2 WATER WELL OWNER: Charles Ward RR#, St. Address, Box # P.O. Box 26 City, State, ZIP Code : Colony, Kansas 67015	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL 16.0 ft. WELL'S STATIC WATER LEVEL dry ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>8 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes ___ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ___ No X	1 Domestic	5 Public Water Supply	8 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	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 **16.0** 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	11 Fuel storage (former)	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
0.0	1.0		Gravel
1.0	3.0		Soils
3.0	16.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **02/26/08** 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) *[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.