

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Harvey</u>	<u>NE 1/4 NW 1/4 NE 1/4</u>	<u>35</u>	<u>24 S</u>	<u>1</u> <u>EW</u>

Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER: <u>Dan Peterson</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>3013 SE 96th</u>	Application Number:
	City, State, ZIP Code: <u>Sedgwick, KS 67135</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>12</u> ft.
		WELL'S STATIC WATER LEVEL <u>0</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> 4 Industrial 8 Air Conditioning 12 Other _____	
Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>X</u>			

5	TYPE OF BLANK CASING USED:
	<input checked="" type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____
	Blank casing diameter <u>4</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>3 feet</u> Casing height above or below land surface <u>37</u> in.

6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout 3 Bentonite <input checked="" type="checkbox"/> 4 Other <u>SAND</u>
	Grout Plug Intervals: From <u>0</u> ft. to <u>9</u> ft., From <u>9</u> ft. to <u>12</u> ft., From _____ to _____ ft.
	What is the nearest source of possible contamination: <input checked="" type="checkbox"/> 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) _____ <input type="checkbox"/> 2 Sewer lines 7 Pit privy 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines 9 Feedyard 14 Abandoned water well <input type="checkbox"/> 5 Cess pool 10 Livestock pens 15 Oil well/Gas well
	Direction from well? <u>West</u> How many feet? <u>65 feet</u>

FROM	TO	PLUGGING MATERIALS
0'	9'	SAND
9'	10'	DIAT
10'	12'	Concrete

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6/29/08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) _____ by (signature) <u>Dan Peterson</u> under the business name of <u>Landowner</u>
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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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.