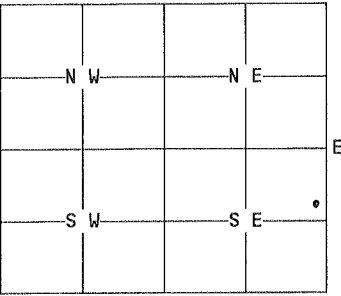


1	LOCATION OF WATER WELL:	Fraction <u>SE 1/4 SE 1/4</u>	Section Number <u>32</u>	Township Number <u>24</u>	Range Number <u>19E</u>																											
County: <u>Allen</u>																																
Distance and direction from nearest town or city street address of well if located within city? <u>One mile south of Gas</u>																																
2	WATER WELL OWNER: <u>Adam Sanford</u>																															
RR#, St. Address, Box #: <u>Route 3, Box 129</u>			Board of Agriculture, Division of Water Resources																													
City, State, ZIP Code: <u>Dola, Kansas 66749</u>			Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N		4 DEPTH OF WELL..... <u>9'</u>ft. WELL'S STATIC WATER LEVEL..... <u>0</u>ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <u>1 Domestic</u> 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... </div> </div>																													
		<p>Was a chemical/bacteriological sample submitted to Department? Yes....No....<input checked="" type="checkbox"/> No</p> <p>If yes, mo/day/yr sample was submitted.....</p> <p>Water Well Disinfected: Yes..... No.....<u>Pumped out.</u></p>																														
5	TYPE OF BLANK CASING USED:																															
<div style="display: flex; justify-content: space-between;"> <div>1 Steel 3 RMP (SR) 5 Wrought</div> <div>7 Fiberglass 9 Other (specify below)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2 PVC 4 ABS 6 Asbestos-Cement</div> <div>8 Concrete Tile <u>Rock</u></div> </div>																																
Blank casing diameter.....in. Was casing pulled? Yes..... No..... If yes, how much.....																																
Casing height above or below land surface.....in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... <u>0</u>																															
Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.																																
What is the nearest source of possible contamination:																																
<div style="display: flex; justify-content: space-between;"> <div>1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2 Sewer lines 7 Pit privy 12 Fertilizer storage</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage</div> </div> <div style="display: flex; justify-content: space-between;"> <div>4 Lateral lines 9 Feedyard 14 Abandoned water well</div> </div> <div style="display: flex; justify-content: space-between;"> <div>5 Cess Pool 10 Livestock pens 15 Oil well/Gas well</div> </div>																																
Direction from well? How many feet?																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">3</td> <td><u>Topsoil</u></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">9</td> <td><u>Sub Soil</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	0	3	<u>Topsoil</u>	3	9	<u>Sub Soil</u>																		
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0	3	<u>Topsoil</u>																														
3	9	<u>Sub Soil</u>																														
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>7/1/91</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)..... <u>7/1/91</u> under the business name of by (signature) <u>Adam Sanford</u>																															
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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																																