

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<i>BUTLER</i>	<i>NW 1/4 SW 1/4 NE 1/4</i>	<i>29</i>	<i>24 S</i>	<i>4 E</i>

Distance and direction from nearest town or city street address of well if located within city?
1/2-1/4 ONE HALF MILE EAST OF RANDALL AND 1/4 MILE NORTH OF K-196

2	WATER WELL OWNER: <i>CITY OF POTWIN</i>
RR#, St. Address, Box #:	<i>207 N. RANDALL</i>
City, State, ZIP Code:	<i>POTWIN KS. 67123</i>
Board of Agriculture, Division of Water Resources	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N																				
<table border="1"> <tr> <td></td> <td>N W</td> <td></td> <td>N E</td> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>W</td> <td></td> <td></td> <td>E</td> </tr> <tr> <td></td> <td>S W</td> <td></td> <td>S E</td> </tr> <tr> <td></td> <td colspan="3">S</td> </tr> </table>			N W		N E			X		W			E		S W		S E		S		
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4	DEPTH OF WELL..... <i>90</i>ft.												
	WELL'S STATIC WATER LEVEL... <i>20</i>ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td><input checked="" type="checkbox"/> Public Water Supply</td> <td>9 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 Only</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	<input checked="" type="checkbox"/> Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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	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. <input checked="" type="checkbox"/> .. No.....												

5	TYPE OF BLANK CASING USED:
	<input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <input type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter... <i>10</i> ...in. Was casing pulled? Yes. <input checked="" type="checkbox"/> ... No..... If yes, how much... <i>6 FT</i> ...
	Casing height above or <u>below</u> land surface.... <i>60</i>in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other.....																				
	GROUT PLUG INTERVALS: From <i>20</i> .ft. to <i>0</i> .ft., From.....ft. toft., From..... to.....ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? <i>WEST</i> How many feet? .. <i>1200</i>																				

FROM	TO	PLUGGING MATERIALS
<i>90 FT</i>	<i>20 FT</i>	<i>DISINFECTED GRAVEL</i>
<i>20 FT</i>	<i>0 FT</i>	<i>BENTONITE</i>
		<i>WITH 12" MUSHROOM CAP.</i>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).... <i>4-11-05</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>N/A</i> This Water Well Record was completed on (mo/day/year) <i>4-11-05</i> under the business name of <i>CITY OF POTWIN KS.</i> by (signature) <i>William H. Lippard</i>
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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, ~~66620-0001~~, Topeka, Kansas ~~66620-0001~~. Telephone: ~~913/296-3565~~. Send one to Water Well Owner and retain one for your records.