

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Allen</u>	<u>SE 1/4 NE 1/4 NW 1/4</u>	<u>13</u>	<u>25</u>	<u>18</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>1705 Minnesota Rd. 101a, KS</u>																																
2	WATER WELL OWNER: <u>Allen Co.</u>																															
	RR #, St. Address, Box #: <u>IN. Washington</u>		Board of Agriculture, Division of Water Resources																													
	City, State, ZIP Code: <u>101a, KS 66749</u>		Application Number: <u>MWS</u>																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>12</u> ft.																													
<div style="text-align: center;">N</div> <table border="1" style="margin: auto;"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td>X</td><td>NE</td></tr><tr><td></td><td></td><td></td></tr><tr><td>SW</td><td></td><td>SE</td></tr><tr><td></td><td></td><td></td></tr></table> <div style="text-align: center;">S</div> <div style="display: flex; justify-content: space-between;">WE</div>					NW	X	NE				SW		SE				WELL'S STATIC WATER LEVEL ft.															
		NW	X	NE																												
SW		SE																														
WELL WAS USED AS:																																
<div style="display: flex; justify-content: space-between;"><div>1 Domestic 2 Irrigation 3 Feedlot 4 Industrial</div><div>5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning</div><div>9 Dewatering <u>10</u> Monitoring Well 11 Injection Well 12 Other</div></div>																																
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:																															
<div style="display: flex; justify-content: space-between;"><div>1 Steel <u>2</u> PVC</div><div>3 RMP (SR) 4 ABS</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (Specify below)</div></div>																																
Blank casing diameter <u>2</u> in. Was casing pulled? Yes No If yes, how much																																
Casing height above or below land surface <u>0</u> in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																															
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 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool</div><div>6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens</div><div><u>11</u> Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well</div><div>16 Other (specify below)</div></div>																																
Direction from well? How many feet?																																
<table border="1" style="width:100%"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><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><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	PLUGGING MATERIALS																								
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1/19/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractors License No. <u>757</u> This Water Well Record was completed on (mo/day/year) <u>1/19/05</u> under the business name of <u>Larsen & Associates, Inc.</u> by (signature) <u>Kelly Gunn</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, 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.