

1 LOCATION OF WATER WELL:	Fraction $1\frac{1}{4} E \frac{1}{2} N$	Section Number <u>17</u>	Township Number <u>25</u>	Range Number <u>21</u>																								
County: <u>Allen</u>																												
Distance and direction from nearest town or city street address of well if located within city? <u>3 South of Highway 54 at Moran + 2 1/4 East of Moran</u>																												
2 WATER WELL OWNER: <u>William E. Burt</u>																												
RR#, St. Address, Box #: <u>Route 2, Box 70</u> Board of Agriculture, Division of Water Resources																												
City, State, ZIP Code: <u>Moran, Kansas 66755</u> Application Number:																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> </table> S		N W		N E		S W		S E		4 DEPTH OF WELL..... <u>15</u> .....ft. WELL'S STATIC WATER LEVEL..... <u>7.5</u> .....ft.  WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input checked="" type="radio"/> 1 Domestic</td> <td>5 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> Was a chemical/bacteriological sample submitted to Department? Yes....No.... If yes, mo/day/yr sample was submitted.....  Water Well Disinfected: Yes. <input checked="" type="checkbox"/> No.....			<input checked="" type="radio"/> 1 Domestic	5 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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5 TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td><input checked="" type="radio"/> 1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter... <u>8.5</u> ...in. Was casing pulled? Yes..... No. <input checked="" type="checkbox"/> If yes, how much..... Casing height above or below land surface... <u>cut off</u> ...ft. <u>3</u> ...ft. <u>cut off</u>					<input checked="" type="radio"/> 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile															
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other..... Grout Plug Intervals: From <u>3</u> ..ft. to <u>6</u> ..ft., From.....ft. to .....ft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td><input checked="" type="radio"/> 1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td><input checked="" type="radio"/> 3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td><input checked="" type="radio"/> 4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? <u>NE</u> ..... How many feet? ... <u>150</u> .....					<input checked="" type="radio"/> 1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		<input checked="" type="radio"/> 3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		<input checked="" type="radio"/> 4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 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>W. E. Burt</u> Under the business name of .....																												

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.