

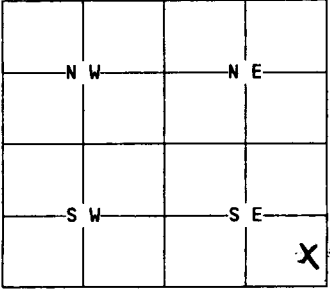
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1	LOCATION OF WATER WELL:	Fraction 8 1/4 <u>1/4</u>	Section Number <u>28</u>	Township Number <u>T26S</u>	Range Number <u>1E</u>
County: <u>Sedgwick</u>					

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

3923 N. Hydraulic

2	WATER WELL OWNER: <u>Darryl L. Spangler</u>
RR#, St. Address, Box #: <u>672 Shawnee Cir</u>	
City, State, ZIP Code : <u>Lech, KS 67067</u>	
Board of Agriculture, Division of Water Resources Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S	4	DEPTH OF WELL..... <u>40</u>ft. WELL'S STATIC WATER LEVEL... <u>32</u>ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 <u>Lawn and Garden Only</u> 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 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:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile	
Blank casing diameter..... <u>4</u>in. Was casing pulled? Yes..... No. <u>X</u> . If yes, how much.....	
Casing height above or below land surface... <u>3 ft below</u>	

6	GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other.....
Grout Plug Intervals: From <u>50</u> ft. to <u>3</u> ft., From.....ft. toft., From..... to.....ft.	
What is the nearest source of possible contamination:	
1 <u>Septic tank</u> 6 Seepage pit 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 2 Sewer lines 7 Pit privy 16 Other (specify below) <u>tear in the foundation after capping.</u> 3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard 5 Cess Pool 10 Livestock pens	
Direction from well? <u>West</u> How many feet? <u>75 ft</u>	

FROM	TO	PLUGGING MATERIALS
<u>50</u>	<u>3</u>	<u>Cement grout</u>
<u>3</u>	<u>0</u>	<u>Compacted 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>04/16/2001</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>Darryl L. Spangler (owner)</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: 785/296-3565. Send one to Water Well Owner and retain one for your records.