

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <b>Butler</b>	<b>NE 1/4 SE 1/4 NW 1/4</b>	<b>7</b>	<b>26</b>	<b>4E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>2 miles West &amp; 3/4 mile North Of Towanda, Ks.</b>					
2	WATER WELL OWNER: <b>Roger Olson</b> 1401 S.W. Adams Rd. RR #, St. Address, Box #: City, State, ZIP Code : <b>Towanda, Ks. 67144</b>	Board of Agriculture, Division of Water Resources Application Number:			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <b>3 @ 20.0</b> ft		
			WELL'S STATIC WATER LEVEL ..... <b>34</b> ft.		
			WELL WAS USED AS:		
			1 Domestic      5 Public Water Supply      9 Dewatering 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well 3 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well 4 Industrial      8 Air Conditioning <input checked="" type="checkbox"/> Other <b>Heat pump</b> .....		
			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 ..... No <input checked="" type="checkbox"/> .....		
5	TYPE OF BLANK CASING USED:				
	1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass <input checked="" type="checkbox"/> Other (Specify below) 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile <b>Polyethylene</b> .....				
	Blank casing diameter ... <b>3 1/4</b> in.      Was casing pulled? Yes ..... No ..... If yes, how much .....				
	Casing height above or below land surface ..... <b>60</b> in.				
6	GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout <input checked="" type="checkbox"/> <b>Bentonite</b> 4 Other .....				
	Grout Plug Intervals:      From ..... <b>3</b> ft.      to ..... <b>20.0</b> ft.,      From ..... <b>3</b> ft.      to ..... <b>20.0</b> ft.,      From ..... <b>3</b> ft.      to ..... <b>20.0</b> ft.				
	What is the nearest source of possible contamination:				
	1 Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below) <input checked="" type="checkbox"/> <b>Sewer lines</b> 7 Pit privy      12 Fertilizer storage ..... <input checked="" type="checkbox"/> <b>Watertight sewer lines</b> 8 Sewage lagoon      13 Insecticide storage ..... 4 Lateral lines      9 Feedyard      14 Abandoned water well ..... 5 Cess Pool      10 Livestock pens      15 Oil well/Gas well .....				
	Direction from well? ... <b>Northwest</b> .      How many feet? ..... <b>200 ft</b> .....				
	FROM	TO	Log <b>XXXXXXXXXXXXXX</b>		
	0	4	<b>Topsoil</b>		
	4	18	<b>Shale, red</b>		
	18	19	<b>Cavity, dry</b>		
	19	25	<b>Limestone</b>		
	25	78	<b>Shale, gray w/limestone layers</b>		
	78	200	<b>Shale, gray with gypsum layers</b>		
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>2/15/08</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... <b>1.38</b> ..... This Water Well Record was completed on (mo/day/year) ..... <b>2/19/08</b> ..... under the business name of <b>Peterson Irrigation, Inc.</b> .....				
	by (signature) ..... <i>Mike Peterson</i> .....				
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.					