| 1 LOCATION OF WATER WELL:  | Fraction  | Section Number   | Township Number                                  | Range Number                        |
|--|---|--|--|-------------------------------------|
| COUNTY SED GWICK SW  | NE 1/4 SW1/4 NE 1/4   | 32 <b>3/3</b>  | T275   | RIE                                 |
| Distance and direction from near   | est town or city street   | t address of well if   |  |                                     |
| Carage -   |   |  | ita KS   |                                     |
| 2 WATER WELL OWNERY 50   | TEXRY and ST. N   | _  |  |                                     |
| RR#, St. Address, Box #:<br>City, State, ZIP Code :  | ley Centu. KS 671   | Board of Agric<br>Application No   | culture, Division of Lumber: Un Luga             | dater Resources<br>ງ∽               |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:   |   |  | ft.  |                                     |
| N N  | WELL'S STATIC WATE  | ER LEVEL/.3  | ft.  |                                     |
|  | WELL WAS USED AS:   |  |  |                                     |
| N W N E  | 1 Domestic  | 5 Public Water Sup   | ply 9 Dewaterin                                  | g                                   |
|  | 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well |  |  |                                     |
| W    E   |   | 8 Air Conditioning   | 12 Other   |                                     |
|  |   |  | 1  |                                     |
| S E Was a chemical/bacteriological sample submitted to Department? YesNo  If yes, mo/day/yr sample was submitted |   |  |  |                                     |
| Water Well Disinfected: Yes No   |   |  |  |                                     |
| S  |   |  |  |                                     |
| 5 TYPE OF BLANK CASING USED:   |   |  |  |                                     |
| 1 Steel 3 RMP (SR) 5 Wrou<br>2 PVC 4 ABS 6 Asbe  | ght 7 Fibers  |  | (specify below)                                  |                                     |
| Blank casing diameter  | in. Was casing land surface   | oulled? Yes  | No If yes, how                                   | much                                |
| 6 GROUT PLUG MATERIAL: 1 Neat  | cement 2 Cement grow  | at Bentonite   | 4 Other  |                                     |
| ☐ Grout Plug Intervals: From   |   |  |  |                                     |
| What is the nearest source of  |   |  |  | <del></del> ;                       |
| 1 Septic tank  | 6 Seepage pit   |  | 16 Other Con                                     | acify balay                         |
| 2 Sewer lines  | 7 Pit privy   | 12 Fertilizer storage  | ge T.c.Ca.tin                                    | serret                              |
| 3 Watertight sewer lines<br>4 Lateral lines  | 9 Feedyard  | 14 Abandoned water w   | vell   |                                     |
| _  |   | 15 Oil well/Gas well   | $\sigma$   |                                     |
| Direction from well?   | MT.#  | How many feet?   | ( <del></del>                                    |                                     |
| FROM TO PLU  | GGING MATERIALS   |  |  |                                     |
| 5 0 Cem  | ent   |  |  |                                     |
| 13 5 Rem   | مالك.   |  |  |                                     |
| 20 13 Same   | 1 Heach   |  |  |                                     |
| 15 0074  | N DOGO S  |  |  |                                     |
|  | ,   |  |  |                                     |
|  |   |  |  |                                     |
|  |   | _  | 7  |                                     |
|  |   |  |  |                                     |
| on (mo/day/year)   | and_this recor  | well was plugged under the best of the bes | nder my jurisdiction a<br>st of my knowledge and | and was completed<br>belief. Kansas |
| Water Well Contractor's Licen  | se No   | This Water Well.   | Record was completed                             | on (mo/day/year)                    |
|  | y M. M  |  |  |                                     |
| INSTRUCTIONS: Use type riter or b  | pall point pen. Please pres   | s firmly and print clear   | ly. Please fill in blanks,                       | underline or circle                 |
| the correct answers. Send top three 66620-0001. Telephone: 785/296-3   | copies to Kansas Departm  | ent of Health and Envir  | onment, Bureau of Wat                            | er, Topeka, Kansas                  |