

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																												
County:	Butler	SE 1/4 SE 1/4 NE 1/4	18	275	3 EAST																																												
Distance and direction from nearest town or city street address of well if located within city? 411 W 10 th St. Andover, KS 67002																																																	
2	WATER WELL OWNER:																																																
RR#, St. Address, Box #:		Board of Agriculture, Division of Water Resources																																															
City, State, ZIP Code :		Application Number:																																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL.....71.....ft.																																														
	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">N W</td><td></td><td></td><td style="text-align: center;">E X</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">S W</td><td></td><td></td><td style="text-align: center;">S E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">S</td><td></td><td></td><td></td></tr> </table>																		N W			E X									S W			S E									S				WELL'S STATIC WATER LEVEL.....34.....ft.		
N W			E X																																														
S W			S E																																														
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	WELL WAS USED AS:																																																
	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial		5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning		9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other.....																																												
	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.....																																																
5	TYPE OF BLANK CASING USED:																																																
	<input checked="" type="checkbox"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <input type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																																																
	Blank casing diameter.....in. Was casing pulled? Yes..... No..... If yes, how much.....																																																
	Casing height above or below land surface.....in.																																																
6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout 3 Bentonite 4 Other.....																																																
	Grout Plug Intervals: From.....ft. to.....ft., From.....ft. toft., From..... to.....ft.																																																
	What is the nearest source of possible contamination:																																																
	1 Septic tank 6 Seepage pit 11 Fuel storage 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 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 16 Other (specify below) <i>Termite treatment</i>																																																
	Direction from well?NORTH..... How many feet?6'																																																
	FROM	TO	PLUGGING MATERIALS																																														
71	0		cement grout (portland sand mix)																																														
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/25/99</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) <u>11/28/99</u> under the business name of <u>OWNER</u> by (signature) <u>Michael E. Felt</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.																																																	