

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <b>Butler</b>	<b>NW 1/4 NE 1/4 SE 1/4</b>	<b>9</b>	<b>27</b>	<b>3</b> <b>EW</b>

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

**2 miles East & 1/2 mile North of Andover, Ks.**

2	WATER WELL OWNER: <b>Turnkey, Inc. c/o Kim Quastad</b>	
	RR #, St. Address, Box #: <b>118 E. 13th</b>	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: <b>Andover, Ks. 67002</b>	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <b>4</b> <b>200</b> ft.
			WELL'S STATIC WATER LEVEL <b>45</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 <b>X2 Other Geo-thermal</b>
			Was a chemical / bacteriological sample submitted to Department? Yes ..... No <b>X</b> .....
			If yes, mo/day/yr sample was submitted .....
			Water Well Disinfected: Yes <b>X</b> ..... No .....

5	TYPE OF BLANK CASING USED:	
	1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass <b>X9 Other (Specify below)</b> 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile <b>Polyethylene</b>	
	Blank casing diameter <b>3/4</b> in.	Was casing pulled? Yes ..... No ..... If yes, how much .....
	Casing height above or below land surface .....	

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<b>X3 Bentonite</b>	4 Other .....
	Grout Plug Intervals:	From <b>5</b> ft.	to <b>200</b> ft.	<b>X4</b> From ..... ft.	to ..... ft., From ..... to ..... ft.
	What is the nearest source of possible contamination:				
	1 Septic tank <b>X2 Sewer lines</b> 3 <del>Water</del> sewer lines 4 Lateral lines 5 Cess pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well	16 Other (specify below) .....	
	Direction from well? <b>North</b>		How many feet? <b>120</b> ft.		

FROM	TO	Log <del>XXXXXXXXXX</del>
0	3	Topsoil
3	14	Clay, tan
14	52	Shale, gray-soft
52	68	Shale, gray w/fractures
68	120	Shale, light gray
120	164	Limestone
164	166	Fractured limestone

Log

166 to 192 Limestone  
192 to 200 Shale, red

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>8/29/08</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>138</b> This Water Well Record was completed on (mo/day/year) <b>9/5/08</b>	
	by (signature) <i>Mike Peterson</i> Under the business name of <b>Peterson Irrigation, Inc.</b>	

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.