

9) Farabi

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number															
County: <u>Crawford</u>	<u>NE</u> <u>1/4</u> <u>NE</u> <u>1/4</u> <u>NW</u> <u>1/4</u>	<u>15</u>	<u>28s</u>	<u>24E</u>															
Distance and direction from nearest town or city street address of well if located within city?																			
2 WATER WELL OWNER: <u>Public Wholesale Water Supply District #11</u>																			
RR#, St. Address, Box #: <u>P.O. Box 308</u> Board of Agriculture, Division of Water Resources																			
City, State, ZIP Code: <u>Girard, KS 66743</u> Application Number:																			
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL..... <u>82</u> .....ft.																	
<div style="text-align:center">N <table border="1" style="margin:auto"><tr><td></td><td style="text-align:center">x</td><td></td></tr><tr><td style="text-align:center">N W</td><td></td><td style="text-align:center">N E</td></tr><tr><td style="text-align:center">W</td><td style="text-align:center"><u>15</u></td><td style="text-align:center">E</td></tr><tr><td style="text-align:center">S W</td><td></td><td style="text-align:center">S E</td></tr><tr><td></td><td style="text-align:center">S</td><td></td></tr></table></div>			x		N W		N E	W	<u>15</u>	E	S W		S E		S		WELL'S STATIC WATER LEVEL..... <u>66</u> .....ft.		
			x																
N W		N E																	
W	<u>15</u>	E																	
S W		S E																	
	S																		
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 Lawn and Garden Only      11 Injection Well																	
		4 Industrial      8 Air Conditioning      12 Other. <u>Livestock</u> ....																	
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 <u>X</u> ... No.....																			
5 TYPE OF BLANK CASING USED:																			
1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below)																			
2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile																			
Blank casing diameter..... <u>8</u> .....in. Was casing pulled? Yes..... No <u>X</u> ... If yes, how much.....																			
Casing height above or below land surface..... <u>+4</u> .....in.																			
6 GROUT PLUG MATERIAL: 1 Neat cement      2 Cement grout      3 <u>Bentonite</u> 4 Other.....																			
Grout Plug Intervals: From <u>3</u> ..ft. to <u>6</u> ..ft., From.....ft. to .....ft., From..... to.....ft.																			
What is the nearest source of possible contamination:																			
1 Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below)																			
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 <u>Livestock pens</u> 15 Oil well/Gas well																			
Direction from well? .... <u>West</u> ..... How many feet? <u>1200</u> .....																			
FROM	TO	PLUGGING MATERIALS																	
<u>0</u>	<u>3</u>	<u>clay</u>																	
<u>3</u>	<u>6</u>	<u>Bentonite</u>																	
<u>6</u>	<u>16</u>	<u>clay</u>																	
<u>16</u>	<u>82</u>	<u>Sand</u>																	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/16/96</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>10/16/96</u> ... under the business name of <u>Public Wholesale Water Supply Dist #11</u> by (signature) <u>James Keckel, Fred Rip - P.W.W., S.D., #11</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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																			