

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Washington</b>	<b>NE 1/4 NE 1/4 NE 1/4</b>	<b>28</b>	<b>02</b>	<b>01 E</b>

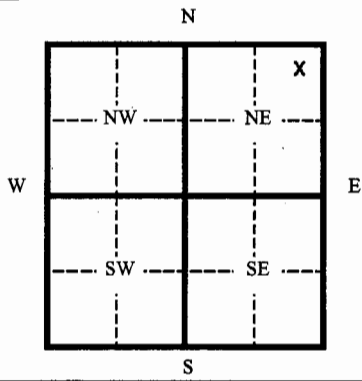
Distance and direction from nearest town or city street address of well if located within city?

**West of Haddam on Main Street**

2 WATER WELL OWNER:	<b>KDHE</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	<b>1000 SW Jackson St. Ste 410</b>	Application Number:
City, State, ZIP Code :	<b>Topeka, KS 66612</b>	

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL	<b>59.41</b>	ft. <b>Originally completed at 62 feet.</b>												
WELL'S STATIC WATER LEVEL	<b>37</b>	ft.												
WELL WAS USED AS:	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><b>10 Monitoring Well</b></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<b>10 Monitoring Well</b>	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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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	No <b>X</b>												



5 TYPE OF BLANK CASING USED:	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td><b>2 PVC</b></td> <td>4 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>			1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<b>2 PVC</b>	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter	<b>2</b>	in.	Was casing pulled?	Yes	No <b>X</b>	If yes, how much							
Casing height above or below land surface	<b>36</b>	in.	<b>Overdrilled to 3 feet below ground surface</b>										

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<b>3 Bentonite</b>	4 Other
Grout Plug Intervals	From <b>0.5</b> ft. to <b>59.41</b> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. 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 Livestock pens | 15 Oil well/ Gas well   |                          |

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
<b>0</b>	<b>0.5</b>		<b>Soil</b>
<b>0.5</b>	<b>59.14</b>		<b>Bentonite</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>9-8-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>9-28-05</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) _____
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.