

MWI

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Brown</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>29</u>	<u>20 S</u>	<u>17</u> EDW

Distance and direction from nearest town or city street address of well if located within city?
301 N. 1st Street, Hiawatha, KS

2	WATER WELL OWNER: <u>Scheid, Ramona</u> Attn: <u>Shawn Loyd</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>409 Miami</u> City, State, ZIP Code: <u>Hiawatha, KS 66434</u>	Application Number:

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

4	DEPTH OF WELL <u>15.6</u> ft.												
	WELL'S STATIC WATER LEVEL <u>14.3</u> 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><u>10 Monitoring Well</u></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</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	<u>10 Monitoring Well</u>	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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	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 No <u>X</u>												

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><u>2 PVC</u></td> <td>4 ABS</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)	<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	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 2 Cement grout <u>3 Bentonite</u> 4 Other																				
	Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? How many feet?																				

FROM	TO	PLUGGING MATERIALS
		<u>UNKNOWN</u>

Destroyed after July 1st, 2001

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) under the business name of by (signature)
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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.