

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Labette</b>	<b>SE ¼ SE ¼ NW ¼</b>	<b>18</b>	<b>31</b>	<b>20 E</b>

Distance and direction from nearest town or city street address of well if located within city?  
**806 N 16<sup>th</sup> Street, Parsons**

2 WATER WELL OWNER: <b>Parcom Telephone CO;</b> RR#, St. Address, Box # <b>806 N 16<sup>th</sup> St.</b> City, State, ZIP Code : <b>Parsons, KS</b>	Board of Agriculture, Division of Water Resources Application Number:
---	--

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>15.0</b> ft.
--	---------------------------------

N

NW	NE
SW	SE

S

W E

WELL'S STATIC WATER LEVEL **6.84** 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 Lawn and Garden (domestic)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒ **X**

If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected: Yes ☐ No ☒ **X**

5 TYPE OF BLANK CASING USED:				
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
Blank casing diameter <b>2.375</b> in.		Was casing pulled? Yes <input checked="" type="checkbox"/> <b>X</b> No <input type="checkbox"/> If yes, how much? <b>3'</b>		
Casing height above or below land surface <b>Unknown</b> in.				

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <b>Gravel/Concrete</b>				
Grout Plug Intervals From <b>15.0</b> ft. to <b>3.0</b> ft. From <b>3.0</b> ft. to <b>1.0</b> ft. From <b>1.0</b> ft. to <b>0.0</b> ft.				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	11 Fuel storage (former)	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? <b>N/A</b>		How many feet? <b>0</b>		

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Concrete
1.0	3.0		Gravel
3.0	15.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>05/26/08</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>06/10/08</b> under the business name of <b>Quad State Services, Inc.</b>	
by (signature) <i>[Signature]</i>	

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.