

PT-15-D

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Cherokee</u>	<u>NW 1/4 NE 1/4 SE 1/4</u>	<u>26</u>	<u>32</u>	<u>22</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>

Distance and direction from nearest town or city street address of well if located within city?  
3600 NW 74th, Columbus, KS - well located inside facility

2	WATER WELL OWNER: <u>Chemex 1</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>16 South Pennsylvania</u>	Application Number: _____
	City, State, ZIP Code: <u>Oklahoma, OK 73107</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <u>17</u> ..... ft.
		WELL'S STATIC WATER LEVEL ..... <u>-</u> ..... ft.	
		WELL WAS USED AS:	
		1 Domestic	5 Public Water Supply
		2 Irrigation	6 Oil Field Water Supply
		3 Feedlot	7 Domestic (Lawn & Garden)
		4 Industrial	8 Air Conditioning
		9 Dewatering	12 Other .....
		10 Monitoring Well	
		11 Injection Well	

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:
	<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile
	Blank casing diameter ..... <u>1</u> ..... in.    Was casing pulled?    Yes <u>X</u> ..... No .....    If yes, how much ..... <u>All</u> .....
	Casing height above or below land surface ..... <u>Flush</u> ..... in.

6	GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout <input checked="" type="checkbox"/> Bentonite    4 Other .....
	Grout Plug Intervals:    From ..... <u>17</u> ..... ft.    to ..... <u>2</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 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? ..... <u>-</u> .....    How many feet? ..... <u>-</u> .....
	<u>Explosive Facility</u> (under 16 Other)

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>2</u>	<u>Gravel</u>
<u>2</u>	<u>17</u>	<u>Bentonite Grout</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9-8-08</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>710</u> ..... This Water Well Record was completed on (mo/day/year) <u>5-3-08</u> ..... under the business name of <u>Below Ground Solutions, Inc</u> ..... by (signature) <u>[Signature]</u> .....
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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.