

1 LOCATION OF WATER WELL: County: <u>COWLEY</u>	Fraction <u>N10 1/4 NW 1/4 SW 1/4</u>	Section Number <u>20</u>	Township Number <u>34S</u>	Range Number <u>4E</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>SE CORNER GREEN'S FARM ROAD & KS. AVE. ARKANSAS CITY, KS</u>																															
2 WATER WELL OWNER: <u>KS. DEPT. OF TRANSPORTATION</u>																															
RR#, St. Address, Box #: City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number:																													
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td>W</td><td>X</td><td></td><td>E</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> </table> S		N W		N E		W	X		E	S W		S E		4 DEPTH OF WELL..... <u>48</u>ft. WELL'S STATIC WATER LEVEL..... <u>18</u>ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <u>1</u> Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... No..... <input checked="" type="checkbox"/>																	
N W		N E																													
W	X		E																												
S W		S E																													
5 TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div>1 Steel 3 RMP (SR) 5 Wrought</div> <div>7 Fiberglass <u>9 Other (specify below)</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div>2 PVC 4 ABS 6 Asbestos-Cement</div> <div>8 Concrete Tile <u>SHEET METAL</u></div> </div> Blank casing diameter..... <u>5</u>in. Was casing pulled? Yes..... <input checked="" type="checkbox"/> No..... If yes, how much... <u>3'</u> Casing height above or below land surface..... <u>36</u>in.																															
6 GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other..... Grout Plug Intervals: From <u>48</u> ft. to <u>3</u> ft., From.....ft. toft., From..... toft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div>1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool</div> <div>6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens</div> <div>11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well</div> <div>16 Other (specify below)</div> </div> Direction from well? How many feet?																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>48'</u></td> <td><u>3'</u></td> <td><u>CEMENT GROUT</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	<u>48'</u>	<u>3'</u>	<u>CEMENT GROUT</u>																					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>9/8/95</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>9-8-95</u> under the business name of <u>KS. DEPT. OF TRANSPORTATION</u> by (signature) <u>[Signature]</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.																															