

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Montgomery</u>	<u>SE 1/4 NE 1/4</u> 1/4	<u>1</u>	<u>35</u>	<u>15</u> E/W

Distance and direction from nearest town or city street address of well if located within city?  
1.9 miles south of Dearing Ks. on CR 3900

2	WATER WELL OWNER: <u>John Alvey</u>
	RR #, St. Address, Box #: <u>1691 CR 3900 Coffeyville, Ks. 67337</u>
	City, State, ZIP Code : _____ Board of Agriculture, Division of Water Resources
	Application Number: _____

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <u>33</u> ..... ft.
			WELL'S STATIC WATER LEVEL ..... <u>30</u> ..... ft.
			WELL WAS USED AS:
			<input checked="" type="checkbox"/> 1 Domestic      5 Public Water Supply      9 Dewatering <input type="checkbox"/> 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well <input type="checkbox"/> 3 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well <input type="checkbox"/> 4 Industrial      8 Air Conditioning      12 Other .....
			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 <input checked="" type="checkbox"/> No .....

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

6	GROUT PLUG MATERIAL:
	<input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout      3 Bentonite      4 Other .....
	Grout Plug Intervals: From ..... <u>2</u> ..... ft. to ..... <u>3</u> ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.
	What is the nearest source of possible contamination:
	<input checked="" type="checkbox"/> 1 Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below) <input type="checkbox"/> 2 Sewer lines      7 Pit privy      12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage <input type="checkbox"/> 4 Lateral lines      9 Feedyard      14 Abandoned water well <input type="checkbox"/> 5 Cess pool      10 Livestock pens      15 Oil well/Gas well
	Direction from well? <u>WEST</u> How many feet? <u>35'</u>

FROM	TO	PLUGGING MATERIALS
<u>33'</u>	<u>26'</u>	<u>CHLORINATED GRAVEL</u>
<u>7'</u>	<u>3'</u>	<u>CEMENT GROUT PLUG</u>
<u>3'</u>	<u>0'</u>	<u>CLAY NATIVE SOIL</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/18/08</u> and this record is <u>true to the best of my knowledge and belief</u> . Kansas Water Well Contractor's License No. <u>11/18/08</u> This Water Well Record was completed on (mo/day/year) <u>11/18/08</u> under the business name of <u>McCurough Plumbing</u> by (signature) <u>Robert J. Alvey</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.