

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <i>Washington</i>	<i>1/4 1/4 5N 1/4</i>	<i>7</i>	<i>3</i>	<i>5</i>

Distance and direction from nearest town or city street address of well if located within city?  
*Washington, KS 15 8 miles - Straight west of Well*

2	WATER WELL OWNER:	RR#, St. Address, Box #:	City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:
	<i>Eldo S. Allerheiligen Trust</i>	<i>840 Pony Express Hwy</i>	<i>Marysville, KS 66508</i>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:									
	N									
	<table border="1"> <tr> <td></td> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">X</td> <td style="text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table>		NW	NE	W	X	E		SW	SE
	NW	NE								
W	X	E								
	SW	SE								
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4	DEPTH OF WELL.....	<i>24</i> .....ft.
	WELL'S STATIC WATER LEVEL.....	<i>No Water</i> .....ft. <i>at measurement time.</i>
	WELL WAS USED AS:	
	<input checked="" type="checkbox"/> 1 Domestic <input checked="" type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Lawn and Garden Only <input type="checkbox"/> 8 Air Conditioning
		<input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input checked="" type="checkbox"/> 12 Other... <i>farmyard.</i>
	Was a chemical/bacteriological sample submitted to Department? Yes.....No.....	<i>No</i>
	If yes, mo/day/yr sample was submitted.....	
	Water Well Disinfected: Yes...No.....	<i>Yes</i>

5	TYPE OF BLANK CASING USED:
	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input checked="" type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile <i>Rock Lining - Hand dug</i>
	Blank casing diameter..... <i>4.2</i> .....in.    Was casing pulled? Yes.....No..... If yes, how much..... <i>5</i> .....
	Casing height above or below land surface..... <i>60</i> .....in.

6	GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other.....
	Grout Plug Intervals: From <i>4.5</i> ft. to <i>5.0</i> ft., From.....ft. to.....ft., From..... to.....ft.
	What is the nearest source of possible contamination:
	<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess Pool <input checked="" type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well
	Direction from well? <i>All side</i> ..... How many feet? <i>Immediately</i>

FROM	TO	PLUGGING MATERIALS
<i>0</i>	<i>4.5</i>	<i>Topsoil</i>
<i>4.5</i>	<i>5.0</i>	<i>Bentonite, Clay Soil</i>
<i>5.0</i>	<i>24.0</i>	<i>Clay Soil</i>

*No Chlorine + Sand was needed since no water was in the well.*

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <i>3/8/99</i> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <i>NA</i> ..... This Water Well Record was completed on (mo/day/year)..... <i>3/8/99</i> ..... under the business name of <i>Washington Co. Conservation District</i> by (signature) <i>N. Allen Hamm, WC Coordinator</i>
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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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.