

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Washington</u>	<u>SW 1/4 SE 1/4 NE 1/4</u>	<u>16</u>	<u>4</u>	<u>3</u> E/W

Distance and direction from nearest town or city street address of well if located within city?  
1 1/2 miles north of Linn, KS 66953

2	WATER WELL OWNER: <u>Esther Scheele</u> RR #, St. Address, Box #: <u>949 Osage Rd</u> City, State, ZIP Code : <u>Linn, KS 66953</u>	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <u>90</u> ..... ft.	WELL'S STATIC WATER LEVEL ..... <u>20</u> ..... ft.										
		WELL WAS USED AS:												
		<table style="width:100%; border:none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input checked="" type="checkbox"/> 3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input checked="" type="checkbox"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial
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Was a chemical / bacteriological sample submitted to Department? Yes ..... No ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....														

5	TYPE OF BLANK CASING USED:													
<table style="width:100%; border:none;"> <tr> <td style="width:25%;"><input checked="" type="checkbox"/> 1 Steel</td> <td style="width:25%;">3 RMP (SR)</td> <td style="width:25%;">5 Wrought</td> <td style="width:25%;">7 Fiberglass</td> <td style="width:20%;">9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>					<input checked="" type="checkbox"/> 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter ..... <u>6</u> ..... in.      Was casing pulled?    Yes <input checked="" type="checkbox"/> No .....      If yes, how much ..... <u>7 ft.</u> ..... Casing height above or below land surface ..... in.														

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other .....																				
Grout Plug Intervals:      From ..... <u>6</u> ..... ft.    to ..... <u>3</u> ..... ft.,    From ..... ft.    to ..... ft.,    From ..... to ..... ft.																									
What is the nearest source of possible contamination:																									
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Direction from well? .....      How many feet? .....																									

FROM	TO	PLUGGING MATERIALS
<u>91</u>	<u>71</u>	<u>chlorinated sand</u>
<u>71</u>	<u>6</u>	<u>subsoil fill</u>
<u>6</u>	<u>3</u>	<u>bentonite plug</u>
<u>3</u>	<u>0</u>	<u>topsoil</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 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>6/12/09</u> ..... by (signature) ..... <u>Esther Scheele</u> ..... under the business name of .....	
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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.