| 1 LOCATION OF WATER WELL:  |                    | Fraction                | Section Number                                | Township Number        | Range Number     |  |
|--|--------------------|-------------------------|---|------------------------|------------------|--|
| County: Jackson  |                    | NW<br>1/4 SE1/4SW 1/4   | 33  | 6                      | 15 E             |  |
| Distance and direction from nearest town or city street address of well if located within city?  |                    |                         |   |                        |                  |  |
| 2 WATER WELL OWNER: To good Downer   |                    |                         |   |                        |                  |  |
| Li Joseph Rogers   |                    |                         |   |                        |                  |  |
| City, State, ZIP Code : Holton, Ks 66436 Application Number:   |                    |                         |   |                        |                  |  |
| MARK WELL'S LOCATION WITH 4 DEPTH OF WELL  |                    |                         |   |                        |                  |  |
| N WELL'S STATIC WATER LEVEL9ft.  |                    |                         |   |                        |                  |  |
| WELL WAS USED AS:  |                    |                         |   |                        |                  |  |
| N W N  | I E                | 1 Domestic              |   |                        |                  |  |
|  |                    | (3 Feedlot)             | 7 Lawn and Garden C                           | Only 11 Injection      | Well             |  |
| W  | E                  | 4 Industrial            | 8 Air Conditioning                            | 12 Other               | •••••            |  |
| S E Was a chemical/bacteriological sample submitted to Department? YesNo.X.  |                    |                         |   |                        |                  |  |
| If yes, mo/day/yr sample was submitted   |                    |                         |   |                        |                  |  |
| Water Well Disinfected: YesX. No   |                    |                         |   |                        |                  |  |
| 5 TYPE OF BLANK CASING USED:   |                    |                         |   |                        |                  |  |
| □ 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)  |                    |                         |   |                        |                  |  |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  |                    |                         |   |                        |                  |  |
| Blank casing diameter $30$ in. Was casing pulled? Yes $X$ . No If yes, how much 6 ft Casing height above or below land surface   |                    |                         |   |                        |                  |  |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite) 4 Other   |                    |                         |   |                        |                  |  |
| Grout Plug Intervals: From. 5ft. to.4.5.ft., Fromft. toft., From toft.   |                    |                         |   |                        |                  |  |
| What is the nearest source of possible contamination:  |                    |                         |   |                        |                  |  |
| 1 Caption touch  |                    |                         |   |                        |                  |  |
| 2 Sewer lines  |                    | 7 Pit privy 1           | 12 Fertilizer storag                          | 16 Other (spe          | city below)      |  |
| 3 Watertight sewer<br>4 Lateral lines  | •                  | 9 Feedyard 1            | 13 Insecticide storag<br>14 Abandoned water w | ge<br>ell              |                  |  |
| 5 Cess Pool (10 Livestock pens) 15 Oil well/Gas well   |                    |                         |   |                        |                  |  |
| Direction from well?SE How   |                    |                         | low many feet? $75$                           |                        |                  |  |
| FROM TO  | PLUGGING MATERIALS |                         |   |                        |                  |  |
| 18 9   | sand               | <u> </u>                |   |                        |                  |  |
| 9 5  | clay               | / soil,rock li          | ning  |                        |                  |  |
| 5 4.5  |                    | conite                  |   |                        |                  |  |
| 4.5 0  | clay               | y soil                  |   |                        |                  |  |
|  |                    |                         |   |                        |                  |  |
|  |                    |                         |   |                        |                  |  |
|  |                    |                         |   |                        |                  |  |
| CONTRACTOR'S OR LANDO  | WNER'S CEF         | RTIFICATION:This water  | <br>well was plugged und                      | der my jurisdiction ar | nd was completed |  |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). $2-10-95$ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No |                    |                         |   |                        |                  |  |
| by (company)   |                    |                         |   |                        |                  |  |
| 700  | CPY 1/2/2 7        | Apples                  |   |                        |                  |  |
| INSTRUCTIONS: Use typew<br>underline or circle the   | correct an         | ISWELS / SEDO TOD THREE | CODIAC to Kancac Da                           | montmont of Usalth     |                  |  |
| 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.    |                    |                         |   |                        |                  |  |