| _  | <del></del>  |                           |  |                               |                                    |  |
|--|--|---------------------------|--|-------------------------------|------------------------------------|--|
| 1  | LOCATION OF WATER WELL:  | Fraction                  | Section Number   | Township Number               | Range Number                       |  |
| C  | ounty: This wo   | SW14NE15W14               | ス  | 75                            | 15F                                |  |
| Distance and direction from nearest town or city street address of well if located within city?  |  |                           |  |                               |                                    |  |
|  | 7th + Obio, Ho   | iton, KS                  |  | -                             |                                    |  |
| 2  |  |                           |  |                               |                                    |  |
| RI<br>C  | RR#, St. Address, Box #: 430 PChnsylvania City, State, ZIP Code: Holton, KS Lale 931a  Board of Agriculture, Division of Water Resources Application Number:   |                           |  |                               |                                    |  |
| 3  | MARK WELL'S LOCATION WITH  | 4 DEPTH OF WELL           | <b>13</b> .£±  | ft.                           |                                    |  |
| WELL'S STATIC WATER LEVEL  |  |                           |  |                               |                                    |  |
| WELL WAS USED AS:  |  |                           |  |                               |                                    |  |
|  | N W  | 1 Domestic                | 5 Public Water Supp                                      | oly                           | 4                                  |  |
|  |  | 2 Irrigation              | 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well |                               |                                    |  |
| ۱  | W  | 3 Feedlot<br>4 Industrial | 7 Lawn and Garden 0<br>8 Air Conditioning                | Only 11 Injection<br>12 Other |                                    |  |
|  |  |                           |  |                               | /                                  |  |
| S'W S'E Was a chemical/bacteriological sample submitted to Department?   |  |                           |  |                               | :? YesNo                           |  |
|  |  |                           |  |                               |                                    |  |
| S Water Well Disinfected: Yes No   |  |                           |  |                               |                                    |  |
| 5  | TYPE OF BLANK CASING USED:   |                           |  |                               | 1 246                              |  |
|  | Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)  |                           |  |                               |                                    |  |
|  | (2)PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile   |                           |  |                               |                                    |  |
|  | Blank casing diameterin. Was casing pulled? Yes No If yes, how much. Casing height above or below land surfacein.  |                           |  |                               |                                    |  |
| 6  |  |                           |  |                               |                                    |  |
| لـًا   | The state of the s |                           |  |                               |                                    |  |
|  | Grout Plug Intervals: From. O.ft. to. 15.ft., Fromft. toft., From toft.  |                           |  |                               |                                    |  |
|  | What is the nearest source of possible contamination:  |                           |  |                               |                                    |  |
|  | 1 Septic tank 6 Seepage pit (1) Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage  |                           |  |                               |                                    |  |
|  | 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage  |                           |  |                               | •••••                              |  |
|  | 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well  |                           |  |                               |                                    |  |
|  | Direction from well? How many feet?  |                           |  |                               |                                    |  |
|  |  |                           |  |                               |                                    |  |
|  |  |                           | - Mailled  | nut (1)                       | lu to                              |  |
|  | 0 15 Benton  | Dite                      | 1)1110   | Drilled out well to 15 feet.  |                                    |  |
|  |  |                           |  | 154                           | 100 T.                             |  |
|  |  | mw4                       |  | , ,                           | ·                                  |  |
|  |  |                           |  | (                             | )                                  |  |
|  |  |                           |  |                               |                                    |  |
|  |  |                           | -  |                               |                                    |  |
|  |  |                           | $\dashv$   |                               |                                    |  |
| 7  | CONTRACTORIS OR LANDOUNERIS CE   |                           |  |                               |                                    |  |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)  |  |                           |  |                               | nd was completed<br>belief. Kansas |  |
| water Well Contractor's License No   |  |                           |  |                               |                                    |  |
|  | by (signature)   | all.                      | ***************************************                  |                               |                                    |  |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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 |  |                           |  |                               |                                    |  |
| un   | ie correct answers. Send top three c   | Copies to Kansas Departme | ent of Health and Enviro                                 | anment Bureau of Wate         | r, Topeka, Kansas                  |  |
|  | 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.   |                           |  |                               |                                    |  |