

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: JACKSON	SE 1/4 NE 1/4 NW 1/4	19	19S 7S	16 E

Distance and direction from nearest town or city street address of well if located within city?
6 mi SE of Holton 21263 T4 Rd. Holton, KS

2	WATER WELL OWNER: DAVID G. HALLAUER	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: 21263 T4 RD	Application Number:
	City, State, ZIP Code : HOLTON, KS 66436	

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align:center;"> </div>	<p>4 DEPTH OF WELL 55 ft.</p> <p>WELL'S STATIC WATER LEVEL 50 ft.</p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td>8 Air Conditioning</td> <td>12 Other Abandoned</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No</p>	<input checked="" type="checkbox"/> Domestic	5 Public Water Supply	9 Dewatering	<input type="checkbox"/> Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input type="checkbox"/> Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	<input type="checkbox"/> Industrial	8 Air Conditioning	12 Other Abandoned
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5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	Rock

Blank casing diameter in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface **0** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other

Grout Plug Intervals: From ~~0.25~~ ft. to ~~0.25~~ ft., From **5.75** ft. to **5.25** ft., From to ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
<input checked="" type="checkbox"/> 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? **S/SW** How many feet? **153**

FROM	TO	PLUGGING MATERIALS
55	50	sand + cloxox
50	5.75	soil (clay) + rock
5.75	5.25	Bentonite clay
5.25	0	silty clay topsoil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **11.20.10** 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) under the business name of

by (signature) **David G. Hallauer**

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.