

| | | | | |
|---|---|----------------------------|-----------------------------|-----------------------------|
| 1 LOCATION OF WATER WELL: County: JEFFERSON | Fraction NW 1/4 SE 1/4 SW 1/4 | Section Number 9 | Township Number 8 | Range Number 19 E |
|---|---|----------------------------|-----------------------------|-----------------------------|

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Dennis Domann**

RR #, St. Address, Box #: _____
City, State, ZIP Code : _____

Board of Agriculture, Division of Water Resources
Application Number: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------|--------------------|--|--|----|--|----|--|----|---|----|--|---|--|---|--|--|---|--|--|---|---|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; margin: auto;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="text-align: center;">NW</td><td></td><td style="text-align: center;">NE</td><td></td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">X</td><td style="text-align: center;">SE</td><td></td></tr> <tr><td style="text-align: center;">W</td><td></td><td style="text-align: center;">E</td><td></td></tr> <tr><td></td><td style="text-align: center;">S</td><td></td><td></td></tr> </table> </div> | | | | | NW | | NE | | SW | X | SE | | W | | E | | | S | | | 4 DEPTH OF WELL 54 ft WELL'S STATIC WATER LEVEL 13 ft. WELL WAS USED AS: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="radio"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No</p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes X No</p> | <input checked="" type="radio"/> 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NW | | NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SW | X | SE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> 1 Domestic | 5 Public Water Supply | 9 Dewatering | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | |

Blank casing diameter **36** in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface in.

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

Grout Plug Intervals: From ft. to ft., From ft. to 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) |
| 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?

| FROM | TO | PLUGGING MATERIALS |
|-------|-------|--------------------|
| 0 | 13' | Sand |
| 13' | 35.5' | Subsoil |
| 35.5' | 36.5' | Bentonite |
| 36.5' | 54' | Top Soil - |
| | | |
| | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **10.29.10** 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) _____

by (signature) *Dennis Domann* under the business name of _____

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.