

1 LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Leavenworth</u>	<u>SE 1/4 NW 1/4 NW 1/4</u>	<u>18</u>		<u>9S</u>		<u>23</u>	<u>EW</u>

Distance and direction from nearest town or city street address of well if located within city?
Corner of Select Drive & Hwy 7

2 WATER WELL OWNER: Hallmark Cards
 RR #, St. Address, Box #: 4901 Select Dr.
 City, State, ZIP Code: Leavenworth KS 66048
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>20.9</u> ft.
	WELL'S STATIC WATER LEVEL ft.
	WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 <u>Monitoring Well</u> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other
	Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 20.9 in.

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

Grout Plug Intervals: From 2 ft. to 20.9 ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<u>11</u> 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
<u>2</u>	<u>20.9</u>	<u>Bentonite</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/13/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 050 This Water Well Record was completed on (mo/day/year) 2/26/07 under the business name of DFS by (signature) Ron Wood

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.