| 1 LOCATION OF WATER WELL:   | Fraction  | Section Number  | Township Number   | Range Number |
|---|---|---|-------------------|--------------|
| County: Riley   | NW 1/4 SW1/4 SE1/4  | 36  | 9                 | 33           |
| Distance and direction from nearest town or city street address of well if located within city?  on Lot 7, Block 11 in Keats                                  |   |   |                   |              |
| WATER WELL OWNER: Terry Stickler  |   |   |                   |              |
| RR#, St. Address, Box #: 7287 Blue Spyuce Board of Agriculture, Division of Water Resources City, State, ZIP Code: Manhattan, Kans. 66503 Application Number: |   |   |                   |              |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL   |   |   |                   |              |
| WELL WAS USED AS:   |   |   |                   |              |
| N W N E E   | N E  Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot ① Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other |   |                   |              |
| Was a chemical/bacteriological sample submitted to Department? YesNo  If yes, mo/day/yr sample was submitted  |   |   |                   |              |
| S Water Well Disinfected: Yes No  |   |   |                   |              |
| 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 diameterin. Was casing pulled? Yes No If yes, how much   |   |   |                   |              |
| GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other   |   |   |                   |              |
| Grout Plug Intervals: From.31ft. to.1.4ft., From.1.4.ft. to8ft., From8. to5ft.  |   |   |                   |              |
| What is the nearest source of possible contamination:   |   |   |                   |              |
| 3 Watertight sewer lines<br>4 Lateral lines   | 7 Pit privy<br>8 Sewage lagoon  | 11 Fuel storage<br>12 Fertilizer storag<br>13 Insecticide stora<br>14 Abandoned water w<br>15 Oil well/Gas well | ge<br>age<br>well | ecify below) |
| Direction from well? 504th How many feet?   |   |   |                   |              |
| FROM TO PLU   | GGING MATERIALS   |   |                   |              |
| 31' 14' San   | 4   |   |                   |              |
| 14 8' Dirt  | Ł   |   |                   |              |
| 8' 5' Cem   | ent   |   |                   |              |
| 5' O Dirt   |   |   |                   |              |
|   |   |   |                   |              |
|   |   |   |                   |              |
|   |   |   |                   |              |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)                               |   |   |                   |              |

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 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.