

| | | | | | |
|---------|-------------------------|----------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: | Riley | SW 1/4 SE 1/4 SW 1/4 | 14 | 9S | 6E |

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

2 WATER WELL OWNER: Carl Sinn
 RR#, St. Address, Box #: 8640 N 52nd St. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Manhattan, KS 66503 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

| | | | |
|---|-----|--|-----|
| | N W | | N E |
| W | | | E |
| | S W | | S E |
| | X | | |
| | S | | |

4 DEPTH OF WELL.....110.....ft.
 WELL'S STATIC WATER LEVEL...30.....ft.

WELL WAS USED AS:

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 5 Public Water Supply | <input type="checkbox"/> 9 Dewatering |
| <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 6 Oil Field Water Supply | <input type="checkbox"/> 10 Monitoring Well |
| <input checked="" type="checkbox"/> 3 Feedlot | <input type="checkbox"/> 7 Lawn and Garden Only | <input type="checkbox"/> 11 Injection Well |
| <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 8 Air Conditioning | <input type="checkbox"/> 12 Other..... |

Was a chemical/bacteriological sample submitted to Department? Yes....No ...
 If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes.. .. No.....

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.....6.....in. Was casing pulled? Yes.. .. No..... If yes, how much...80...in.
 Casing height above or below land surface.....80...in.

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

Grout Plug Intervals: From..30...ft. to...4...ft., From.....ft. toft., 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 | <input checked="" type="checkbox"/> 14 Abandoned water well | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well | |

Direction from well? ...SE..... How many feet? ...50.....

| FROM | TO | PLUGGING MATERIALS |
|------|-----|--------------------|
| 110' | 30' | Sand |
| 30' | 4' | Bentonite |
| 4' | 0' | Clay topsoil |
| | | |
| | | |
| | | |
| | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)...5/19/97..... 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) *Carl Sinn*.....

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