

1	LOCATION OF WATER WELL: County: GRAHAM	Fraction NE 1/4 NE 1/4	Section Number 26	Township Number 10	Range Number 25
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **ANDREW KNOLL**

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:
N

	N	W		N	E
W					E
	S	W		S	E
					S

4 DEPTH OF WELL.....**72**.....ft.
WELL'S STATIC WATER LEVEL.....**55**.....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 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:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (specify below)
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile

Blank casing diameter.....**5**.....in. Was casing pulled? Yes..... No..... If yes, how much.....
Casing height above or below land surface.....**60**.....in.

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

Grout Plug Intervals: From...**5**...ft. to...**8**...ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess Pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

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

FROM	TO	PLUGGING MATERIALS
0	5	BACK FILL
5	8	CEMENT
8	55	SUB-SOIL
55	72	CHLORINATED SAND

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 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 **T. J. Inc**.....
by (signature) **Thomas J. Inc**.....

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.