

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Gove</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>1</u>		<u>11</u>		<u>26</u>	(EW)

Distance and direction from nearest town or city street address of well if located within city?  
3 N 1 W of Quinter

2	WATER WELL OWNER: <u>Ross Boone</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>8020 Castle Rk Road</u>	Application Number: _____
	City, State, ZIP Code: <u>Quinter, Ks. 67752</u>	

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">3</td> <td style="width:25%;">MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</td> </tr> <tr> <td colspan="2" style="text-align:center;">N</td> </tr> <tr> <td style="width:15%;"></td> <td style="width:15%; text-align:center;">NW</td> <td style="width:15%; text-align:center;">NE</td> <td style="width:15%;"></td> </tr> <tr> <td style="width:15%; text-align:center;">W</td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%; text-align:center;">E</td> </tr> <tr> <td></td> <td style="text-align:center;">SW</td> <td style="text-align:center;">SE</td> <td></td> </tr> <tr> <td colspan="2" style="text-align:center;">S</td> <td style="text-align:right;"><u>X</u></td> <td></td> </tr> </table>	3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	N			NW	NE		W			E		SW	SE		S		<u>X</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">4</td> <td style="width:60%;">DEPTH OF WELL ..... <u>108</u> ft.</td> </tr> <tr> <td></td> <td>WELL'S STATIC WATER LEVEL <u>102</u> ft.</td> </tr> <tr> <td></td> <td>WELL WAS USED AS:</td> </tr> <tr> <td></td> <td> <table style="width:100%;"> <tr> <td>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 &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>windmill</u></td> </tr> </table> </td> </tr> <tr> <td></td> <td>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>If yes, mo/day/yr sample was submitted .....</td> </tr> <tr> <td></td> <td>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....</td> </tr> </table>	4	DEPTH OF WELL ..... <u>108</u> ft.		WELL'S STATIC WATER LEVEL <u>102</u> ft.		WELL WAS USED AS:		<table style="width:100%;"> <tr> <td>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 &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>windmill</u></td> </tr> </table>	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 <u>windmill</u>		Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/>		If yes, mo/day/yr sample was submitted .....		Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....
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5	TYPE OF BLANK CASING USED:
	<input checked="" type="checkbox"/> Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below) <input checked="" type="checkbox"/> PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile
	Blank casing diameter <u>5</u> in.    Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> If yes, how much .....
	Casing height above or below land surface ..... in.

6	GROUT PLUG MATERIAL:	1 Neat cement    2 Cement grout <input checked="" type="checkbox"/> Bentonite    4 Other ..... Grout Plug Intervals: From <u>0</u> ft. to <u>30</u> ft., From ..... ft. to ..... ft., From ..... to ..... ft.																				
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	Direction from well? .....    How many feet? .....																					

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>30</u>	<u>Bentonite</u>
<u>30</u>	<u>70</u>	<u>Clay-diat</u>
<u>70</u>	<u>108</u>	<u>chlorinated sand</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12-30-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>489</u> This Water Well Record was completed on (mo/day/year) <u>12-31-09</u> under the business name of <u>Agua Pump</u> by (signature) <u>Van M. [Signature]</u>
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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.