

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Logan</b>		NE ¼ NE ¼ SE ¼	<b>3</b>	<b>11</b>	<b>32</b> EW

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

319 E. Front Street - Oakley, Kansas

2	WATER WELL OWNER: <b>Great Western Tire</b>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <b>319 E. Front St.</b>	Application Number: <b>VEW-1</b>
	City, State, ZIP Code: <b>Oakley, KS 67748</b>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <b>59.15</b> ft.
		WELL'S STATIC WATER LEVEL <b>58.95</b> ft.	
		WELL WAS USED AS:	
		1 Domestic	5 Public Water Supply
		2 Irrigation	6 Oil Field Water Supply
		3 Feedlot	7 Domestic (Lawn & Garden)
		4 Industrial	8 Air Conditioning
			9 Dewatering
			10 Monitoring Well
			11 Injection Well
			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) <input checked="" type="checkbox"/> PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile
	Blank casing diameter ..... in.      Was casing pulled? Yes <input checked="" type="checkbox"/> ..... No .....      If yes, how much <b>3'</b> .....
	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 <b>0.75</b> ft.	to <b>59.15</b> ft.,	From ..... ft.	to ..... ft., From ..... to ..... ft.
What is the nearest source of possible contamination:					
1 Septic tank		6 Seepage pit		<input checked="" type="checkbox"/> Fuel storage	
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	
				16 Other (specify below)	
Direction from well? .....			How many feet? .....		

FROM	TO	PLUGGING MATERIALS
0	0.75	Concrete
0.75	59.15	Bentonite

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>06-16-2011</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>06-22-2011</b> under the business name of <b>MILCO Environmental Services, Inc.</b> This Water Well Record was completed on (mo/day/year) .....
	by (signature) <i>[Signature]</i>

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.