

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

Distance and direction from nearest town or city street address of well if located within city?  
 S. 2nd and Freeman Ave.- Oakley, Kansas

2	WATER WELL OWNER: <b>Great Western Tire</b> <b>319 E. Front St.</b> RR #, St. Address, Box #: <b>Oakley, KS 67748</b> City, State, ZIP Code	.Board of Agriculture, Division of Water Resources Application Number: <b>IW-8</b>
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <b>134.6</b> ft. WELL'S STATIC WATER LEVEL <b>121.28</b> ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other .....
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N

NW	NE
SW	SE

S

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"/> 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile	
Blank casing diameter <u>2</u> in.    Was casing pulled? Yes <input checked="" type="checkbox"/> No .....    If yes, how much <u>3'</u> Casing height above or <u>below</u> land surface <u>40</u> in.	

6	GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout <input checked="" type="checkbox"/> Bentonite    4 Other .....
Grout Plug Intervals:    From ..... ft. to ..... 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"/> 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    14 Abandoned water well 5 Cess pool    10 Livestock pens    15 Oil well/Gas well	
Direction from well? .....    How many feet? .....	

FROM	TO	PLUGGING MATERIALS
0	3	Soil
3	121	Bentonite
121	134.6	Sand

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