| 1 LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number |
|---|---|--|---|---|-------------------------|
| County: OTTAWA | | SE1/4 NE 1/4 NN) 1/4 | 28 | 12- | 5W |
| Distance and direction from nearest town or city street address of well if located within city? 2 m, Sauth + 34 m; West & Tescott | | | | | |
| WATER WELLOWNER: GARY CRAMPT NEW Pol Board of Agriculture, Division of Water Resources | | | | | |
| City, State, ZIP Code: PREHTY PRAIRIE, KS Application Number. | | | | | |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 5.0 ft. | | | | | |
| 7 | | WELL WAS USED AS: | | | |
| N W P | N E | 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial | 5 Public Water Supp6 Oil Field Water Sup7 Domestic (Lawn & Air Conditioning | pply 10 Monito Garden) 11 Injectio 12 Other | oring Well on Well |
| Was a chemical / bacteriological sample submitted to Department?Yes | | | | | No |
| 5 TYPE OF BLA | NK 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 | | | | | |
| | diameterin. t above or <u>below</u> land | Was casing pulled? | Yes No | If yes, how m | nuch |
| 6 GROUT PLUG | | eat cement 2 Cement gro | 1 | Otherft., From | |
| | earest source of poss | | , | , | |
| Septic tank Sewer lines Watertight sewer lines Lateral lines | | 6 Seepage pit7 Pit privy8 Sewage lagoon9 Feedyard | 11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned wate | age er well | pecify below) |
| 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? Now with white many feet? | | | | | |
| Direction fro | om well? /\/// | How mar | ny feet? | | |
| | | JGGING MATERIALS | | | |
| 0 50 | BENTON | ite Hole Plag | | | |
| 50 8 | O GRAVE | 1 | | | |
| | • | | | | |
| | | | | | |
| | | | | | |
| on (mo/day/y Water Well Co | ptractor's License No. | IER'S CERTIFICATION: TO | his water well was plugged and this record is true the first and this record is true this true that the first and | to the best of my knowle | edge and belief. Kansas |
| by (signature) | | | | | |
| INSTRUCTIONS: Use typewriter or hall point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct | | | | | |

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.