

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Lincoln KS</u>	$\frac{1}{4}$ $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	<u>19</u>	<u>12</u>	<u>7</u> E/W

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

South of Lincoln, 2 miles - ~~W~~ East on Jaguar  $\frac{3}{4}$  mi

2	WATER WELL OWNER: <u>William Wineinger</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>972 N. 200<sup>th</sup> Rd</u>	Application Number:
	City, State, ZIP Code: <u>Lincoln KS 67455</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <u>71</u> ..... ft.												
			WELL'S STATIC WATER LEVEL ..... <u>46' 9"</u> ..... ft.												
			WELL WAS USED AS:												
			<table border="0"> <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><input checked="" type="radio"/> 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 .....</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	<input checked="" type="radio"/> 7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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4 Industrial	8 Air Conditioning	12 Other .....													
			Was a chemical / bacteriological sample submitted to Department? Yes ..... <input checked="" type="radio"/> No <input checked="" type="radio"/> X												
			If yes, mo/day/yr sample was submitted .....												
			Water Well Disinfected: <input checked="" type="radio"/> Yes ..... No .....												

5	TYPE OF BLANK CASING USED:
	<input checked="" type="radio"/> 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below) 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile
	Blank casing diameter ..... <u>6</u> ..... in.    Was casing pulled?    Yes .....    No <input checked="" type="radio"/> X .....    If yes, how much .....
	Casing height above or below land surface ..... <u>48</u> ..... in.

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	4 Other .....
	Grout Plug Intervals:	From ..... ft.	to ..... ft.,	From <u>3 1/2</u> ft.	to <u>0</u> ft.,    From ..... to ..... ft.
	What is the nearest source of possible contamination:				
	<input checked="" type="radio"/> 1 Septic tank    6 Seepage pit    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? <u>NW</u> .....    How many feet? <u>150 ft</u> .....				

FROM	TO	PLUGGING MATERIALS
<u>71</u>	<u>46</u>	<u>Sand</u>
<u>46</u>	<u>4</u>	<u>Sub Soil Fill</u>
<u>4</u>	<u>0</u>	<u>Bentonite</u>

0 - is Top of Casing  
Casing 4 ft Below  
Ground level.

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>April 16, 2008</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>2004-10-208</u> This Water Well Record was completed on (mo/day/year) <u>4-16-08</u> under the business name of <u>M.B. Plumbing &amp; Heating</u> by (signature) <u>Doug Budreau</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.