

1	LOCATION OF WATER WELL:	Fraction Pt of E $\frac{1}{2}$ NW $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section 1	Township 12S	Range 8W	Number E/W
County: Lincoln						

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

 $\frac{1}{4}$ Mile West of City of Lincoln Center

2	WATER WELL OWNER: City of Lincoln Center	
RR #, St. Address, Box #: 153 W Lincoln Ave, P O Box 126		Board of Agriculture, Division of Water Resources
City, State, ZIP Code : Lincoln, KS 67455		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL43..... ft. actual measurement (File indicates 46')
		WELL'S STATIC WATER LEVEL5..... ft. from Ground Level	
		WELL WAS USED AS:	
		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	
		Was a chemical / bacteriological sample submitted to Department? Yes No ...X.....	
		Water Well Disinfected: YesX.... No	

5	TYPE OF BLANK 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		
Blank casing diameter12..... in.		Was casing pulled? Yes No ...X..... If yes, how much
Casing height above or below land surface132..... in.		

6	GROUT PLUG MATERIAL: ① Neat cement 2 Cement grout 3 Bentonite 4 Other	
Grout Plug Intervals: From8..... ft. to14..... ft., Fromft. toft., From to ft.		
What is the nearest source of possible contamination:		
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?South.....		How many feet?800.....

FROM	TO	PLUGGING MATERIALS
0	1	Cement
1	8	Clay
8	14	Neat Cement
14	16	Clay
16	43	3/4" Rock

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)03/22/2011..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)03/31/2011..... under the business name ofCity of Lincoln Center..... by (signature) <i>James Meyer</i>
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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.