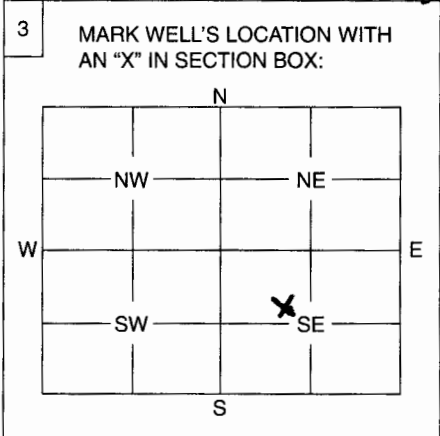


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>Wallace</u>	<u>SE 1/4 NE 1/4 SW 1/4</u>	<u>23</u>	<u>13 S</u>	<u>38 W</u> E/W

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

2	WATER WELL OWNER: <u>Genny W Wright</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #:	<u>3190 Uesper Road</u>	Application Number: <u>9101</u>
City, State, ZIP Code	<u>Wallace, KS. 67761</u>	



4	DEPTH OF WELL ..... <u>27</u> ..... ft.
	WELL'S STATIC WATER LEVEL ..... <u>12</u> ..... ft.
WELL WAS USED AS:	
<input type="checkbox"/> 1 Domestic <input checked="" type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning
	<input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other .....
Was a chemical / bacteriological sample submitted to Department? Yes ..... <input checked="" type="radio"/> No	
If yes, mo/day/yr sample was submitted .....	
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <u>HTH</u>	

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

Blank casing diameter ..... 16 in. Was casing pulled? Yes .....  No

Casing height above or below land surface ..... 12 in. If yes, how much .....

6 GROUT PLUG MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other .....

Grout Plug Intervals: From +1 ft. to 12 ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input checked="" type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	<u>new well</u>
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

Direction from well? South How many feet? 32'

FROM	TO	PLUGGING MATERIALS
<u>27'</u>	<u>12'</u>	<u>Gravel + HTH</u>
<u>12</u>	<u>+1'</u>	<u>Bentonite chips</u>
<u>1/4" steel plate welded solid to 16" casing</u>		
<u>Concrete Pad + Grout were left around casing</u>		

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-24-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 639 This Water Well Record was completed on (mo/day/year) 9-8-07 under the business name of DMW Well & Pump Service by (signature) Genny Wright

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.