

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	JOHNSON	NE 1/4 SW 1/4 NW 1/4	12	17	24 E/W

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

151 TH & SWITZER

2	WATER WELL OWNER:	JOHN CROW, TOWN & COUNTRY MANOR I.C.C.
	RR #, St. Address, Box #:	5001 COLLEGE BLVD, SUITE 105
	City, State, ZIP Code :	LEAWARD, KS 66211
		Board of Agriculture, Division of Water Resources Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 30 ft. WELL'S STATIC WATER LEVEL 8' 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
X		
SW		SE

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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) <u>DUG WELL / STACKED STONE</u> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter 18" in. Was casing pulled? Yes ☒ No If yes, how much 10' in.
	Casing height above or below land surface 75' BELOW in.

6	GROUT PLUG MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 8 ft. to 7.5 ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines <u>3 Watertight sewer lines</u> 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
	Direction from well? EAST How many feet? 100'

FROM	TO	PLUGGING MATERIALS
30'	8'	DISINFECTED SAND
8'	7.5'	NEAT CEMENT
7.5'	0	COMPACTED CLAY

PLUGGED BY LANDOWNER
6/23/04

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) under the business name of by (signature)
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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.