

1	LOCATION OF WATER WELL: County: <u>SALINE</u>	Fraction <u>NW 1/4 NE 1/4 SW 1/4</u>	Section Number <u>14</u>	Township Number <u>14</u>	Range Number <u>3</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>150' E of BROADWAY AVE & ALMOY RD.</u>																																
2																																
WATER WELL OWNER: <u>CONCEP Phillips</u> RR #, St. Address, Box #: <u>1234 Phillips Bldg.</u> City, State, ZIP Code: <u>BARTLESVILLE OK 74004</u>																																
Board of Agriculture, Division of Water Resources Application Number:																																
3																																
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																
<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center; margin-right: 10px;">N W E S</div><table border="1" style="border-collapse: collapse; text-align: center;"><tr><td colspan="2">NW</td><td colspan="2">NE</td></tr><tr><td colspan="2" rowspan="2">X</td><td colspan="2">SE</td></tr><tr><td colspan="2">SW</td></tr></table></div>						NW		NE		X		SE		SW																		
NW		NE																														
X		SE																														
		SW																														
4																																
DEPTH OF WELL <u>30</u> ft.																																
WELL'S STATIC WATER LEVEL <u>DRY</u> ft.																																
WELL WAS USED AS:																																
<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;">1 Domestic</div><div style="width: 33%;">5 Public Water Supply</div><div style="width: 33%;">9 Dewatering</div><div style="width: 33%;">2 Irrigation</div><div style="width: 33%;">6 Oil Field Water Supply</div><div style="width: 33%;"><input checked="" type="checkbox"/> 10 Monitoring Well</div><div style="width: 33%;">3 Feedlot</div><div style="width: 33%;">7 Domestic (Lawn & Garden)</div><div style="width: 33%;">11 Injection Well</div><div style="width: 33%;">4 Industrial</div><div style="width: 33%;">8 Air Conditioning</div><div style="width: 33%;">12 Other</div></div>																																
Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>																																
If yes, mo/day/yr sample was submitted																																
Water Well Disinfected: Yes No <u>X</u>																																
5																																
TYPE OF BLANK CASING USED:																																
<div style="display: flex; flex-wrap: wrap;"><div style="width: 25%;">1 Steel</div><div style="width: 25%;">3 RMP (SR)</div><div style="width: 25%;">5 Wrought</div><div style="width: 25%;">7 Fiberglass</div><div style="width: 25%;">9 Other (Specify below)</div><div style="width: 25%;"><input checked="" type="radio"/> 2 PVC</div><div style="width: 25%;">4 ABS</div><div style="width: 25%;">6 Asbestos-Cement</div><div style="width: 25%;">8 Concrete Tile</div></div>																																
Blank casing diameter in. Was casing pulled? Yes No <u>X</u>																																
Casing height above or below land surface in. If yes, how much <u>30'</u>																																
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 ft. to ft., From ft. to ft.																																
What is the nearest source of possible contamination:																																
<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;">1 Septic tank</div><div style="width: 33%;">6 Seepage pit</div><div style="width: 33%;">11 Fuel storage</div><div style="width: 33%;">2 Sewer lines</div><div style="width: 33%;">7 Pit privy</div><div style="width: 33%;">12 Fertilizer storage</div><div style="width: 33%;">3 Watertight sewer lines</div><div style="width: 33%;">8 Sewage lagoon</div><div style="width: 33%;">13 Insecticide storage</div><div style="width: 33%;">4 Lateral lines</div><div style="width: 33%;">9 Feedyard</div><div style="width: 33%;">14 Abandoned water well</div><div style="width: 33%;">5 Cess pool</div><div style="width: 33%;">10 Livestock pens</div><div style="width: 33%;">15 Oil well/Gas well</div><div style="width: 33%;">16 Other (specify below) <u>GAS STATION</u></div></div>																																
Direction from well? <u>N</u> How many feet? <u>150'</u>																																
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:15%;">FROM</th><th style="width:15%;">TO</th><th style="width:70%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><u>0</u></td><td><u>30</u></td><td><u>BENTONITE GROUT</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>30</u>	<u>BENTONITE GROUT</u>																					
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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. <u>704</u> This Water Well Record was completed on (mo/day/year)																																
..... under the business name of <u>MAXS</u>																																
by (signature) <u>David Runyon</u>																																
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.																																