

1	LOCATION OF WATER WELL: County: <u>LYON</u>	Fraction <u>SE</u> $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>20</u>	Township Number <u>16</u>	Range Number <u>12</u>																														
Distance and direction from nearest town or city street address of well if located within city? <u>217 W 7th Admine, KS</u>																																			
2	WATER WELL OWNER: <u>Halcyon Lusby</u> RR #, St. Address, Box #: <u>217 W 7th</u> City, State, ZIP Code : <u>Admine, KS</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 <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> W S </div> <div style="text-align: center; margin-left: 10px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td>X</td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> E </div> </div>								NW		NE				SW		SE											X							
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4	DEPTH OF WELL <u>19</u> ft. WELL'S STATIC WATER LEVEL <u>5</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial </div> <div style="width: 30%;"> <input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Domestic (Lawn & Garden) <input type="radio"/> 8 Air Conditioning </div> <div style="width: 30%;"> <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes <u>No</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <u>X</u> No																																		
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="radio"/> 1 Steel <input type="radio"/> 2 PVC </div> <div style="width: 30%;"> <input type="radio"/> 3 RMP (SR) <input type="radio"/> 4 ABS </div> <div style="width: 30%;"> <input type="radio"/> 5 Wrought <input type="radio"/> 6 Asbestos-Cement </div> <div style="width: 30%;"> <input type="radio"/> 7 Fiberglass <input type="radio"/> 8 Concrete Tile </div> <div style="width: 30%;"> <input checked="" type="radio"/> 9 Other (Specify below) <u>Rock</u> </div> </div> Blank casing diameter <u>60</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>5 ft.</u> Casing height above or below land surface in.																																		
6	GROUT PLUG MATERIAL: <input type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other Grout Plug Intervals: From <u>5</u> ft. to <u>4.5</u> ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="radio"/> 1 Septic tank <input checked="" type="radio"/> 2 Sewer lines <input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 4 Lateral lines <input type="radio"/> 5 Cess Pool </div> <div style="width: 30%;"> <input type="radio"/> 6 Seepage pit <input type="radio"/> 7 Pit privy <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 9 Feedyard <input type="radio"/> 10 Livestock pens </div> <div style="width: 30%;"> <input type="radio"/> 11 Fuel storage <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 13 Insecticide storage <input type="radio"/> 14 Abandoned water well <input type="radio"/> 15 Oil well/Gas well </div> <div style="width: 30%;"> <input type="radio"/> 16 Other (specify below) </div> </div> Direction from well? <u>West</u> How many feet? <u>20 ft.</u>																																		
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/15/04</u> 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) <u>X Halcyon Lusby</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																			

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