

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Barton	SE 1/4 SW 1/4 SW 1/4	2	16 S	14 W

Distance and direction from nearest town or city street address of well if located within city? (Well #2000901)
501 West of Sullens Creek off NW 220 Road

2 WATER WELL OWNER: **Bob Defenbaugh**
 RR#, St. Address, Box # **R.R. 2 2250 North Hwy 281**
 City, State, ZIP Code : **Hoisinton, KS 67544**

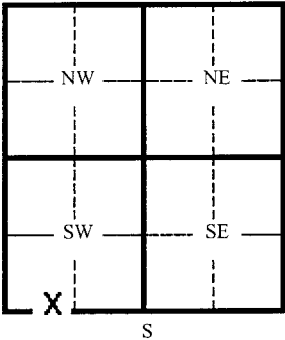
Board of Agriculture, Division of Water Resources
 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL **19** ft.
 WELL'S STATIC WATER LEVEL **Unknown** ft.
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well
3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

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)
<input checked="" type="checkbox"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2** in. Was casing pulled? Yes No ___ If yes, how much **All casing and screen**
 Casing height above or below land surface **24** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals From **1** ft. to **19** ft. From _____ ft. to _____ ft. From _____ ft. 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 | <input checked="" type="checkbox"/> 15 Oil well/ Gas well | |

Direction from well? **West** How many feet? **200**

FROM	TO	CODE	PLUGGING MATERIALS
0	1		Topsoil
1	19		WyoBen Bentonite Chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **11/6/02** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **616** This Water Well Record was completed on (mo/day/yr) **3/24/03** under the business name of **Thiele Geotech, Inc.**
 by (signature) *D-JAL*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.