

1	LOCATION OF WATER WELL:	Fraction <u>1/4 NE 1/4 SW 1/4</u>	Section Number <u>26</u>	Township Number <u>16</u>	Range Number <u>22</u> E/W
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County: NESS
 Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER: <u>Ummel Brother Trust</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>P O Box 37</u>	Application Number: _____
	City, State, ZIP Code: <u>Brownell KS 67521-0037</u>	

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">3</td> <td style="width:25%;">MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</td> </tr> <tr> <td colspan="2" style="text-align:center;"> </td> </tr> </table>	3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">4</td> <td style="width:25%;">DEPTH OF WELL <u>81</u> ft.</td> </tr> <tr> <td></td> <td>WELL'S STATIC WATER LEVEL <u>25</u> ft.</td> </tr> <tr> <td colspan="2">WELL WAS USED AS:</td> </tr> <tr> <td><input checked="" type="radio"/> 1 Domestic</td> <td><input type="radio"/> 5 Public Water Supply</td> <td><input type="radio"/> 9 Dewatering</td> </tr> <tr> <td><input type="radio"/> 2 Irrigation</td> <td><input type="radio"/> 6 Oil Field Water Supply</td> <td><input type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="radio"/> 3 Feedlot</td> <td><input type="radio"/> 7 Domestic (Lawn & Garden)</td> <td><input type="radio"/> 11 Injection Well</td> </tr> <tr> <td><input type="radio"/> 4 Industrial</td> <td><input type="radio"/> 8 Air Conditioning</td> <td><input type="radio"/> 12 Other</td> </tr> <tr> <td colspan="3">Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3">If yes, mo/day/yr sample was submitted</td> </tr> <tr> <td colspan="3">Water Well Disinfected: Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	4	DEPTH OF WELL <u>81</u> ft.		WELL'S STATIC WATER LEVEL <u>25</u> ft.	WELL WAS USED AS:		<input checked="" type="radio"/> 1 Domestic	<input type="radio"/> 5 Public Water Supply	<input type="radio"/> 9 Dewatering	<input type="radio"/> 2 Irrigation	<input type="radio"/> 6 Oil Field Water Supply	<input type="radio"/> 10 Monitoring Well	<input type="radio"/> 3 Feedlot	<input type="radio"/> 7 Domestic (Lawn & Garden)	<input type="radio"/> 11 Injection Well	<input type="radio"/> 4 Industrial	<input type="radio"/> 8 Air Conditioning	<input type="radio"/> 12 Other	Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>			If yes, mo/day/yr sample was submitted			Water Well Disinfected: Yes <input checked="" type="checkbox"/> No		
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5	TYPE OF BLANK CASING USED:	<input checked="" type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 5 Wrought <input type="radio"/> 7 Fiberglass <input type="radio"/> 9 Other (Specify below) <input type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 8 Concrete Tile
	Blank casing diameter <u>5</u> in.	Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much
	Casing height <u>12</u> or below land surface in.	

6	GROUT PLUG MATERIAL:	<input type="radio"/> 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other
	Grout Plug Intervals: From <u>75</u> ft. to <u>78</u> ft.,	From ft. to ft., From to ft.
What is the nearest source of possible contamination:		
<input type="radio"/> 1 Septic tank	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 11 Fuel storage
<input type="radio"/> 2 Sewer lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 12 Fertilizer storage
<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 13 Insecticide storage
<input type="radio"/> 4 Lateral lines	<input type="radio"/> 9 Feedyard	<input type="radio"/> 14 Abandoned water well
<input type="radio"/> 5 Cess pool	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 15 Oil well/Gas well
Direction from well? How many feet?		

FROM	TO	PLUGGING MATERIALS
81	56	Sand
56	6	Sub Soil
6	3	Cement Grout
3	0	Sub Soil

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>May 18, 2004</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>May 24, 2004</u> This Water Well Record was completed on (mo/day/year) <u>May 24, 2004</u> under the business name of <u>Evel Windmill Repair</u> 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.