

1 LOCATION OF WATER WELL: County: <b>SALINE</b>	Fraction <b>NW 1/4 NW 1/4 SE 1/4</b>	Section Number <b>12</b>	Township Number <b>16</b>	Range Number <b>3 W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**8873 S SUNNY CORNER RD ASSARIA, KS 67416**

2 WATER WELL OWNER: RR#, St. Address, Box #: City, State, ZIP Code :	<b>JAMES HANSON</b> <b>8873 S SUNNY CORNER RD</b> <b>ASSARIA, KS 67416-8834</b> Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <div style="text-align: center;"> <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; margin: auto;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td>W</td><td></td><td style="text-align: center;">X</td><td>E</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> </table> </div> S	N W		N E		W		X	E	S W		S E		4 DEPTH OF WELL..... <b>72</b> .....ft. WELL'S STATIC WATER LEVEL..... <b>28</b> .....ft. WELL WAS USED AS: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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: 33%;"> <input type="radio"/> 5 Public Water Supply  <input type="radio"/> 6 Oil Field Water Supply  <input type="radio"/> 7 Lawn and Garden Only  <input type="radio"/> 8 Air Conditioning         </div> <div style="width: 33%;"> <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....No <b>X</b> .. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes.. <b>X</b> ... No.....
N W		N E											
W		X	E										
S W		S E											

5 TYPE OF BLANK CASING USED:	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input checked="" type="radio"/> Steel            2 PVC         </div> <div style="width: 25%;"> <input type="radio"/> 3 RMP (SR)            4 ABS         </div> <div style="width: 25%;"> <input type="radio"/> 5 Wrought            6 Asbestos-Cement         </div> <div style="width: 25%;"> <input type="radio"/> 7 Fiberglass            8 Concrete Tile         </div> <div style="width: 25%;"> <input type="radio"/> 9 Other (specify below)         </div> </div> Blank casing diameter..... <b>6</b> .....in.      Was casing pulled? Yes.. <b>X</b> ... No..... If yes, how much... <b>6'</b> .. Casing height above or below land surface.....in.
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other.....	Grout Plug Intervals: From.. <b>6</b> ...ft. to... <b>3</b> ...ft., From.....ft. to .....ft., From..... to.....ft. What is the nearest source of possible contamination: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="radio"/> 1 Septic tank            2 Sewer lines            3 Watertight sewer lines            4 Lateral lines            5 Cess Pool         </div> <div style="width: 33%;"> <input type="radio"/> 6 Seepage pit            7 Pit privy            8 Sewage lagoon            9 Feedyard            10 Livestock pens         </div> <div style="width: 33%;"> <input type="radio"/> 11 Fuel storage            12 Fertilizer storage            13 Insecticide storage            14 Abandoned water well            15 Oil well/Gas well            16 Other (specify below)         </div> </div> Direction from well? <b>North</b> .....      How many feet? ... <b>300'</b> .....
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FROM	TO	PLUGGING MATERIALS
72	44	CHLORINATED SAND
44	6	SUBSOIL
6	3	BENTONITE
3	0	TOP SOIL

7 CONTRACTOR'S OR 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.