

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>RUSH</u>	<u>SW 1/4 SE 1/4 NE 1/4</u>	<u>24</u>	<u>17</u>	<u>18</u> E/W

Distance and direction from nearest town or city street address of well if located within city?

3 miles Northeast of LaCrosse

2	WATER WELL OWNER: <u>Wayne Ficken</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>Rt 1 Box 32</u>	Application Number:
	City, State, ZIP Code: <u>La Crosse, KS 67548</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>225</u> ft.												
		WELL'S STATIC WATER LEVEL ... <u>220</u> ft.													
		WELL WAS USED AS:													
		<table style="width:100%; border:none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>Abandon</u></td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other <u>Abandon</u>
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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 <u>X</u> No															

5	TYPE OF BLANK CASING USED:	<input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
Blank casing diameter <u>2</u> in.		Was casing pulled? Yes <u>X</u> No
Casing height above or below land surface <u>36</u> in.		If yes, how much <u>36'</u>

6	GROUT PLUG MATERIAL:	<input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other
Grout Plug Intervals: From <u>215</u> ft. to <u>0</u> ft., From ft. to ft., From to ft.		
What is the nearest source of possible contamination:		
<input checked="" type="checkbox"/> Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <input type="checkbox"/> Sewer lines 7 Pit privy 12 Fertilizer storage <input type="checkbox"/> Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage <input type="checkbox"/> Lateral lines 9 Feedyard 14 Abandoned water well <input type="checkbox"/> Cess pool 10 Livestock pens 15 Oil well/Gas well		
Direction from well? <u>east</u>		How many feet? <u>97'</u>

FROM	TO	PLUGGING MATERIALS
<u>225</u>	<u>215</u>	<u>Sand</u>
<u>215</u>	<u>0</u>	<u>Bentonite Shurry</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6-8-05</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) by (signature) <u>X Wayne Ficken</u> <u>6-8-05</u> under the business name of
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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.