

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>RUSH</u>	<u>NE<sub>1/4</sub> NE<sub>1/4</sub> NE<sub>1/4</sub></u>	<u>33</u>	<u>17S</u>	<u>18W</u>

Distance and direction from nearest town or city street address of well if located within city?  
150 FT SOUTH AND 30 FEET WEST OF INTERSECTION US-183 & K-4

2 WATER WELL OWNER: <u>Dr. Shelly Oelkers</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>KRI, Box 2</u>	Application Number:
City, State, ZIP Code: <u>LaCrosse, KS 67548</u>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4 DEPTH OF WELL..... <u>25</u> .....ft. WELL'S STATIC WATER LEVEL..... <u>13</u> .....ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... </div> </div>
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			X
N W		N E	
W			E
S W		S E	
S			

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:	9 Other (specify below)
1 Steel    3 RMP (SR)    5 Wrought <u>2 PVC</u> 4 ABS    6 Asbestos-Cement    8 Concrete Tile	
Blank casing diameter... <u>2</u> ...in.    Was casing pulled? Yes..... <u>No</u> ..... If yes, how much.....	
Casing height above or <u>below</u> land surface..... <u>2</u> .....in.	

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <u>3</u> Bentonite    4 Other.....	16 Other (specify below)
Grout Plug Intervals: From... <u>2</u> ...ft. to... <u>25</u> ...ft., From.....ft. to .....ft., From..... to .....ft.	
What is the nearest source of possible contamination:	
1 Septic tank    6 Seepage pit <u>11</u> Fuel storage 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    15 Oil well/Gas well	
Direction from well? ... <u>North</u> .....    How many feet? .... <u>350</u> .....	

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>2</u>	<u>Soil</u>
<u>2</u>	<u>25</u>	<u>Bentonite</u>

MW-11

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year).....
..... <u>05/06/2015</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).....	
..... <u>05/21/2015</u> ..... under the business name of <u>Alfred Environmental</u> .....	
by (signature) <u>D. R. ...</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.