

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>NESS</u>	<u>1/4 NW 1/4 NE 1/4</u>	<u>25</u>	<u>17</u>	<u>24</u> E/W

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

2 WATER WELL OWNER: Ummel Brothers Trust

RR #, St. Address, Box #: PO Box 37 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Brownell, KS 67521-0037 Application Number: \_\_\_\_\_

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL ..... <u>53</u> ..... ft.
	WELL'S STATIC WATER LEVEL <u>20</u> ..... ft.
	WELL WAS USED AS:
	<input checked="" type="checkbox"/> 1 Domestic                      5 Public Water Supply                      9 Dewatering <input type="checkbox"/> 2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring Well <input type="checkbox"/> 3 Feedlot                      7 Domestic (Lawn & Garden)                      11 Injection Well <input type="checkbox"/> 4 Industrial                      8 Air Conditioning                      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 .....	

5 TYPE OF BLANK CASING USED:

1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)  
 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile

Blank casing diameter 5 ..... in.      Was casing pulled? Yes ..... No  ..... If yes, how much .....

Casing height above or below land surface 12 ..... in.

6 GROUT PLUG MATERIAL:      1 Neat cement       2 Cement grout      3 Bentonite      4 Other .....

Grout Plug Intervals:      From 47 ..... ft. to 50 ..... ft.,      From ..... ft. to ..... ft.,      From ..... 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	<input checked="" type="radio"/> 10 Livestock pens	15 Oil well/Gas well	

Direction from well? .....      How many feet? .....

FROM	TO	PLUGGING MATERIALS
<u>53</u>	<u>33</u>	<u>Sand</u>
<u>33</u>	<u>6</u>	<u>Sub Soil</u>
<u>6</u>	<u>3</u>	<u>Cement Grout</u>
<u>3</u>	<u>0</u>	<u>Sub Soil</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) May 17, 2004 ..... 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) May 24, 2004 ..... under the business name of Evel Windmill Repair ..... by (signature) .....

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.