

1 LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Rush</u>	<u>NE ¼ NE ¼ SW ¼</u>	<u>28</u>		<u>18</u>		<u>17</u>	<u>W</u>

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

3/4 South, 1 1/2 West of Timken

2 WATER WELL OWNER: <u>Harlan Burgardt</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>210 Lafayette St</u>	Application Number: _____
City, State, ZIP Code: <u>Holdrege, Ne 68949</u>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N		
NW		NE
W	X	E
SW		SE
S		

4 DEPTH OF WELL70..... ft.

WELL'S STATIC WATER LEVEL34..... ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 <u>Oil Field Water Supply</u>	10 Monitoring Well
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical / bacteriological sample submitted to Department? Yes No X.....
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes HTH No

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter5..... in. Was casing pulled? Yes No X..... If yes, how much

Casing height above or below land surface36..... in.

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

Grout Plug Intervals: From3..... ft. to0..... ft., Fromft. toft., From 70 to 3 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	10 Livestock pens	15 <u>Oil well/Gas well</u>	

Direction from well?East..... How many feet?100.....

FROM	TO	PLUGGING MATERIALS
70	3	<u>Hole plug</u>
3	0	<u>Cement</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)8-19-08..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.134..... This Water Well Record was completed on (mo/day/year)8-27-08..... under the business name of Rosencrantz- Bemis by (signature)[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.