

1	LOCATION OF WATER WELL:	Fraction NE NE ¼ ¼ ¼	Section Number 26	Township Number 18	Range Number 28 E/W
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County: **Lane**
 Distance and direction from nearest town or city street address of well if located within city?
N/A

2	WATER WELL OWNER: Dale Reifschneider	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: 11655 Lonsville Rd.	Application Number:
	City, State, ZIP Code: St. George, Ks. 66535	

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align:center;"> </div>	<p>4 DEPTH OF WELL 43 ft.</p> <p>WELL'S STATIC WATER LEVEL 32 ft.</p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/></p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No</p>	<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
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5 TYPE OF BLANK CASING USED:

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

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

Casing height above or below land surface **3 FEET Below** in.

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

Grout Plug Intervals: From **8** ft. to **3** ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess pool	<input checked="" type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

Direction from well? **South** How many feet? **500 FT**

FROM	TO	PLUGGING MATERIALS
43	22	Sand
22	8	Clay
8	3	Bentonite
3	0	Top Soil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **8/23/07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **Leon Schack** This Water Well Record was completed on (mo/day/year) **9/17/07** under the business name of by (signature) **Leon Schack**

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.