

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>Wichita</u>	<u>NW 1/4 NW 1/4 SE 1/4</u>	<u>17</u>	<u>18</u>	<u>35</u> EW

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

410 Grand Ave. Marienthal, KS

2	WATER WELL OWNER: <u>Celine Wimmer</u>
RR #, St. Address, Box #:	<u>406 N. Co. Rd. 19</u>
City, State, ZIP Code	<u>Marienthal, KS 67863</u>

Board of Agriculture, Division of Water Resources
Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>80</u> ft.
		WELL'S STATIC WATER LEVEL <u>dry</u> ft.	
		WELL WAS USED AS:	
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial	
		<input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning	
		<input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 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 No <input checked="" type="checkbox"/>			

5	TYPE OF BLANK CASING USED:
<input checked="" 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 type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile	
Blank casing diameter <u>6</u> in.	
Casing height above or below land surface <u>36</u> in.	
Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much	

6	GROUT PLUG MATERIAL:	1 Neat cement	<input checked="" type="checkbox"/> 2 Cement grout	3 Bentonite	4 Other
Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. 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 checked="" 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 type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well					
Direction from well? <u>NW</u> How many feet? <u>145'</u>					

FROM	TO	PLUGGING MATERIALS
<u>80'</u>	<u>1'</u>	<u>Sand + Dirt</u>
<u>1'</u>	<u>3'</u>	<u>Cement grout</u>
<u>3'</u>	<u>0'</u>	<u>Fill dirt</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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)
..... under the business name of	
by (signature) <u>Celine Wimmer - (Landowner)</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, 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.