

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>BARTON</u>	<u>NE 1/4 SE 1/4 NW 1/4</u>	<u>20</u>	<u>19S</u>	<u>13 W</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>Approx 1 mile N. of Great Bend, 100 yds W. of US Hwy 281</u>																													
2	WATER WELL OWNER: <u>Alfred Cementing Co, Inc</u> <u>MW-1</u>																												
	RR #, St. Address, Box #: <u>3701 N. main</u>		Board of Agriculture, Division of Water Resources																										
	City, State, ZIP Code: <u>GRANT BEND 67530</u>		Application Number:																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																												
	N <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> E W S								NW		NE				SW		SE												
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4	DEPTH OF WELL <u>19.7</u> ft WELL'S STATIC WATER LEVEL <u>15</u> ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply ☒ 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 If yes, mo/day/yr sample was submitted <u>7-10-13</u> <u>VOCs</u> Water Well Disinfected: Yes No <u>NA</u>																												
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 <u>2</u> in. Was casing pulled? Yes ☒ No If yes, how much <u>19.7'</u> Casing height above or below land surface <u>0.34</u> in.																												
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Native Soil - MW-1 was removed via soil excavation.</u> Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. 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 10 Livestock pens 15 Oil well/Gas well Direction from well? <u>#6, 10 ft NW</u> How many feet? <u>-10'</u>																												
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>19.7</u></td> <td><u>Native soil + sand backfill in the excavation that included the area of MW-1</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> MW-1 pulled as part of planned excavation operations at the source area.					FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>19.7</u>	<u>Native soil + sand backfill in the excavation that included the area of MW-1</u>																		
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>NA</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NA</u> This Water Well Record was completed on (mo/day/year) <u>10-30-13</u> under the business name of <u>KDHE - Bill Heiman</u> by (signature) <u>Bill Heiman</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.