

1	LOCATION OF WATER WELL:	Fraction SE SE SE ¼ ¼ ¼	Section Number 33	Township Number 20	Range Number 31	(E/W)
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County: Scott

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

2	WATER WELL OWNER: <u>Pam McDonald</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>P.O. Box 110182</u>	Application Number: _____
	City, State, ZIP Code: <u>Anchorage, AK 99511</u>	

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align:center;"> </div>	<p>4 DEPTH OF WELL ..... <u>85</u> ..... ft.</p> <p>WELL'S STATIC WATER LEVEL ..... <u>55</u> ..... ft.</p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td><input checked="" type="checkbox"/> Other ..... <u>Stock</u> .....</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>	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	<input checked="" type="checkbox"/> Other ..... <u>Stock</u> .....
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5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 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 ..... 10 ..... in. Was casing pulled? Yes  ..... No .....

Casing height above or below and surface ..... 3 ..... in. if yes, how much ..... 50' .....

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

Grout Plug Intervals: From ..... 3 ..... ft. to ..... 13 ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination: none

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? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
50	85	400 lbs. washed sand + gravel
13	50	400 lbs. washed sand, clay + bentonite
3	13	100 lbs. bentonite chips
0	3	top soil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 9-14-06 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 532 This Water Well Record was completed on (mo/day/year) ..... 9-15-06 ..... under the business name of Midwest Well & Pump Inc. by (signature) Neil J. Saubert

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.