

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Scott</u>	<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>32</u>	<u>20</u>	<u>32</u> (E/W)

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

2	WATER WELL OWNER: <u>Mark Lockhart</u>	RR #, St. Address, Box #: <u>714 W. Maple St.</u>	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: <u>Garden City, KS 67846</u>		Application Number: _____

<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>140</u> ..... ft.</p> <p>WELL'S STATIC WATER LEVEL ..... <u>124'9"</u> ..... ft.</p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 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>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"/> 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 .....
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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) <input type="checkbox"/> 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile
	Blank casing diameter ..... <u>6</u> ..... in.	Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, how much .....
	Casing height above or below land surface ..... <u>3'</u> ..... in.	

6	GROUT PLUG MATERIAL:	<input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other .....
	Grout Plug Intervals: From ..... <u>0</u> ..... ft. to ..... <u>10</u> ..... 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 type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well	
	Direction from well? .....	How many feet? ..... <u>100</u> .....

FROM	TO	PLUGGING MATERIALS
<u>123</u>	<u>140</u>	<u>1/4 yd. washed sand + gravel</u>
<u>70</u>	<u>123</u>	<u>1 1/3 yds. clay, bentonite mixed</u>
<u>0</u>	<u>10</u>	<u>150 lbs. bentonite</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>4-15-05</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>532</u> ..... This Water Well Record was completed on (mo/day/year) ..... <u>5-5-05</u> ..... under the business name of ..... <u>Midwest Well + Pump, Inc.</u> ..... by (signature) ..... <u>Vetric Jankup</u> .....
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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.