

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County:	<i>McPherson</i>	<i>NE 1/4 SE 1/4 SE 1/4</i>	<i>32</i>		<i>20</i>	<i>5</i>	<i>4</i>	<i>EW</i>

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

2 1/4 miles north of Inman, Ks. on 8th Ave

2 WATER WELL OWNER: *Don Frouse*
RR #, St. Address, Box #: *619 8th Ave.*
City, State, ZIP Code : *Inman, KS. 67546*

Board of Agriculture, Division of Water Resources
Application Number:

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: </div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border: none;">N</td> </tr> <tr> <td style="border: 1px solid black; width: 50%; height: 40px; text-align: center;">NW</td> <td style="border: 1px solid black; width: 50%; height: 40px; text-align: center;">NE</td> </tr> <tr> <td colspan="2" style="border: none;">W E</td> </tr> <tr> <td style="border: 1px solid black; height: 40px; text-align: center;">SW</td> <td style="border: 1px solid black; height: 40px; text-align: center;">SE</td> </tr> <tr> <td colspan="2" style="border: none;">S</td> </tr> </table> <div style="position: relative; height: 40px; margin-top: 5px;"> + </div> </div>	N		NW	NE	W E		SW	SE	S		<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> 4 DEPTH OF WELL <u>24</u> ft. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> WELL'S STATIC WATER LEVEL <u>22</u> ft. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> WELL WAS USED AS: </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input checked="" type="radio"/> 1 Domestic</p> <p><input type="radio"/> 2 Irrigation</p> <p><input type="radio"/> 3 Feedlot</p> <p><input type="radio"/> 4 Industrial</p> </div> <div style="width: 30%;"> <p><input type="radio"/> 5 Public Water Supply</p> <p><input type="radio"/> 6 Oil Field Water Supply</p> <p><input type="radio"/> 7 Domestic (Lawn & Garden)</p> <p><input type="radio"/> 8 Air Conditioning</p> </div> <div style="width: 30%;"> <p><input type="radio"/> 9 Dewatering</p> <p><input type="radio"/> 10 Monitoring Well</p> <p><input type="radio"/> 11 Injection Well</p> <p><input type="radio"/> 12 Other</p> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> If yes, mo/day/yr sample was submitted </div> <div style="border: 1px solid black; padding: 5px;"> Water Well Disinfected: Yes <u>X</u> No </div>
N											
NW	NE										
W E											
SW	SE										
S											

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 5 in. Was casing pulled? Yes No X If yes, how much

Casing height above or below land surface 6.602 in.

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

Grout Plug Intervals: From 3' ft. to 0' ft., From ft. to ft., From 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? SE How many feet? 100'

FROM	TO	PLUGGING MATERIALS
90'	22'	gravel
22'	3'	compacted soil
3'	0'	bentonite granules

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-28-05 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) [Signature]

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.