| 1 | LOCATION OF WATER WELL: | | | | Fraction | Section | n Number | Township | Number | Range | Number |
|--|--|-----------------|---------|---------------|---|-------------|---|--------------|------------------------|--|----------|
| County: Paymen | | | | | 1/4 NC 1/4 NE 1/4 | | 16 | 21 | | 1 | 5 |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | | | <u> </u> |
| 2½ North, 6 3/4 East of Larned | | | | | | | | | | | |
| 2 WATER WELLOWNER: Don Sanders | | | | | | | | | | | |
| | | | | | ng, Ks. 67579 Board of Agriculture, Division of Water Resources Application Number: 34,783 | | | | | | |
| 3 | | WELL'S LOCA | | | 4 DEPTH OF WELL | 30 | ft | | | | |
| | AN "X" | IN SECTION BOX: | | _ | WELL'S STATIC WATER | R LEVEL | <u>11</u> n. | | | | |
| | | | | | WELL WAS USED AS: | | | | | | |
| | N | w — | — Ŋ₹ —— | | 1 Domestic | | ublic Water Supp | | 9 Dewat | | |
| | | | | | 2 <u>Irrigation</u> 3 Feedlot | | oil Field Water Sup Comestic (Lawn & | | 10 Monito 11 Injection | ring Well on Well | |
| w | | | | Ε | 4 Industrial | | ir Conditioning | , | • | ••••• | ••••• |
| | s | w | s E | | Was a chemical / bacter | iological : | sample submitte | d to Departm | ent?Yes | No | X |
| If yes, mo/day/yr sample was submitted | | | | | | | | | | | |
| | | s | | | Water Well Disinfected: YesHTH No | | | | | | |
| 5 | | | | | | | | | | | |
| 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 16 in. Was casing pulled? Yes No X If yes, how much | | | | | | | | | | |
| Casing height above or below land surface | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| Grout Plug Intervals: From 11 ft. to 5 ft., From 5 ft. to 3 ft., From to 5 | | | | | | | | | | | ft. |
| What is the nearest source of possible contamination: | | | | | | | | | | | |
| 1 Septic tank 2 Sewer lines | | | | | 6 Seepage pit 7 Pit privy | | 11 Fuel storage 16 Other (specify below) 12 Fertilizer storage None | | | | |
| 3 Watertight sewer lines | | | | | 8 Sewage lagoon | 13 | • | | | | ••••• |
| | 4 Lateral lines 5 Cess Pool | | | | 9 Feedyard 14 Abandoned water well 10 Livestock pens 15 Oil well/Gas well | | | | | | |
| | | | il? | ••••• | · | | | | | | |
| FROM TO PLUGGING MATERIALS | | | | | | | | | | | |
| | | | | Jama WATEMAES | | | | | | | |
| 30 | | 11 | Gravel | | | | | | | | |
| 11 | | 5 | Hole pl | Lug | | | | | | | |
| 5 | | 3 | Cement | | | | | | | | |
| 3 | | 0 | Top soi | 11 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction on (mo/day/year) 4-18-03 and this record is true to the best of my knowled water Well Contractor's License No. 134 This Water Well Record was cornected as a contractor of the second was contracted as a contracted was contracted was contracted as a contracted was contracted was contracted as a contracted was con | | | | | | | | | and was o | completed ef. Kansas o/dav/vear) | |
| by (signature) Sora Olfs | | | | | | | | | | | |
| | | | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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. | | | | | | | | | | | |