

1 LOCATION OF WATER WELL: County: <b>PAWNEE</b>	Fraction <b>NW 1/4 SE 1/4 SW 1/4</b>	Section Number <b>27</b>	Township Number <b>21 S</b>	Range Number <b>19 W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**SOUTH MAIN STREET, ROZEL, KS** **MW-4**

2 WATER WELL OWNER: <b>GOLDEN PLAINS COOP</b> RR#, St. Address, Box #: <b>PO Box 68, S. MAIN ST.</b> City, State, ZIP Code : <b>ROZEL, KS 67574</b>	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 100px; text-align: center;"> <tr><td colspan="2">N</td></tr> <tr><td>W</td><td>E</td></tr> <tr><td>W</td><td>E</td></tr> <tr><td>S</td><td>S</td></tr> <tr><td colspan="2">S</td></tr> </table>	N		W	E	W	E	S	S	S		4 DEPTH OF WELL..... <b>50</b> .....ft. WELL'S STATIC WATER LEVEL..... <b>40</b> .....ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning </div> <div> 9 Dewatering 10 <u>Monitoring Well</u> 11 Injection Well 12 Other..... </div> </div> <p>Was a chemical/bacteriological sample submitted to Department? Yes...<b>No</b>...  If yes, mo/day/yr sample was submitted.....  Water Well Disinfected: Yes.....<b>No</b>.....</p>
N											
W	E										
W	E										
S	S										
S											

5 TYPE OF BLANK CASING USED:  

1 Steel  
2 PVC

3 RMP (SR)  
4 ABS

5 Wrought  
6 Asbestos-Cement

7 Fiberglass  
8 Concrete Tile

9 Other (specify below)

Blank casing diameter.....**2**.....in. Was casing pulled? **Yes**..... No..... If yes, how much.....**5 Feet**  
Casing height above or below land surface.....**60**.....in.

6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other.....  
Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.  
What is the nearest source of possible contamination:  

1 Septic tank  
2 Sewer lines  
3 Watertight sewer lines  
4 Lateral lines  
5 Cess Pool

6 Seepage pit  
7 Pit privy  
8 Sewage lagoon  
9 Feedyard  
10 Livestock pens

11 Fuel storage  
12 Fertilizer storage  
13 Insecticide storage  
14 Abandoned water well  
15 Oil well/Gas well

16 Other (specify below)

Direction from well? ...**NORTH**..... How many feet? ...**40**.....

FROM	TO	PLUGGING MATERIALS
<b>0</b>	<b>2</b>	<b>CONCRETE</b>
<b>2</b>	<b>30</b>	<b>BENTONITE</b>
<b>30</b>	<b>50</b>	<b>SAND</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....**10/22/98**... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....**524**..... This Water Well Record was completed on (mo/day/year) ....**10/24/98**..... under the business name of ...**ALLIED EQUIPMENT**... by (signature) .....**Don A. R...**.....

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.