

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Pawnee</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>28</u>	<u>21</u>	<u>19E</u>

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

2 WATER WELL OWNER:	<u>Don Shank</u>	<u>"The Store" Rozel KS</u>
RR#, St. Address, Box #	<u>PO Box 27</u>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code	<u>Burdett, KS 67523</u>	Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>43.2</u> ft.												
	WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <table border="0"> <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><u>10 Monitoring Well</u></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10 Monitoring Well</u>	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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4 Industrial	8 Air Conditioning	12 Other _____											
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____													
If yes, mo/day/yr sample was submitted _____													
Water Well Disinfected: Yes _____ No _____													

5 TYPE OF BLANK CASING USED:
1 Steel <u>2 PVC</u> 3 RMP (SR) 4 ABC 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below) _____
Blank casing diameter _____ in.
Was casing pulled? Yes _____ No _____ If yes, how much _____
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other _____
Grout Plug Intervals	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. 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 | <u>U.S.T. Site</u> |
| 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	CODE	PLUGGING MATERIALS
0	3		<u>Native pack</u>
3	43.2		<u>Bentonite</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>8/27/06</u> - <u>8/24/06</u> 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/yr) _____ under the business name of <u>Bluestem Environmental Engineering</u> by (signature) <u>Mike H.</u>

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.