1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County: Pawnee			NE 1/4NE 1/4SE 1/4	9	21	20 W
Distance and direction from nearest town or city street address of well if located within city?						
2 3/4 MXX North, 1/8 East of Burdett, Ks. 2 WATER WELL OWNER: Emmett Bauer						
RR#, St. Address, Box #: P.O. Box 27 City, State, ZIP Code: Burdett, Ks. 67523 Board of Agriculture, Division of Water Resources Application Number: 10338 & 10339						
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL121						
WELL'S STATIC WATER LEVEL32ft.						
			WELL WAS USED AS:			
N	W	N E	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water		
			3 Feedlot	7 Lawn and Garden	Only 11 Injection	Well
W		X	E 4 Industrial	8 Air Conditioning	12 Other	
s	Was a chemical/bacteriological sample submitted to Department? YesNo.X. If yes, mo/day/yr sample was submitted					
	Water Well Disinfected: Yes HTH. No					
s water wett bisimested. Testilit is						
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 diameter16in. Was casing pulled? Yes No X If yes, how much						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From 32 ft. to 9 ft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
			7 Pit privy	12 Fertilizer stora	geNONE	
3 Watertight sewer lines 4 Lateral lines			9 Feedyard	13 Insecticide stor 14 Abandoned water	well	
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? How many feet?						
FROM	то	PL	UGGING MATERIALS			
121	32	Gravel				
32	0	Cement				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
on (mo,	/day/year) Well Contr 8-12-0	7-12- actor's Lice 4	04and this reco nse No34 under the business nam	rd is true to the be This Water Well e of Rosenc	st of my knowledge an Record was completed rantz- Bemis	d belief. Kansas I on (mo/day/year)
by (signature)						

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.