

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Marion</u>	<u>SE</u> $\frac{1}{4}$ $\frac{1}{4}$	<u>2</u>	<u>21</u>	<u>3</u> (E/W)

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

2	WATER WELL OWNER: <u>Dave Tharp</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>1219 Quail Creek</u>	Application Number: _____
	City, State, ZIP Code: <u>Peabody, KS 66866</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>46</u> ft.	
			WELL'S STATIC WATER LEVEL <u>16</u> ft.	
		WELL WAS USED AS:		
			<input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial	<input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Domestic (Lawn & Garden) <input type="radio"/> 8 Air Conditioning
				<input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other
			Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>	
			If yes, mo/day/yr sample was submitted	
			Water Well Disinfected: Yes <input checked="" type="checkbox"/> No	

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

6	GROUT PLUG MATERIAL:	<input type="radio"/> 1 Neat cement	<input type="radio"/> 2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	<input type="radio"/> 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:				
	<input checked="" type="radio"/> 1 Septic tank	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 16 Other (specify below)	
	<input type="radio"/> 2 Sewer lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 12 Fertilizer storage		
	<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 13 Insecticide storage		
	<input type="radio"/> 4 Lateral lines	<input type="radio"/> 9 Feedyard	<input type="radio"/> 14 Abandoned water well		
	<input type="radio"/> 5 Cess pool	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 15 Oil well/Gas well		
	Direction from well? <u>SE</u>		How many feet? <u>200 ft</u>		

FROM	TO	PLUGGING MATERIALS
<u>46 ft</u>	<u>16 ft</u>	<u>Sand</u>
<u>16 ft</u>	<u>6 ft</u>	<u>clay soil</u>
<u>6 ft</u>	<u>0 ft</u>	<u>top soil</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5-28-10</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/year) under the business name of
	by (signature) <u>[Signature]</u>

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.

INLOW PLUMBING SERVICES
 COOLING, HEATING, BACKHOE & TRENCHING
 Bus. 878-4423 • Home 878-4444
 412 Main • Florence, Ks. 66851
 P.O. Box 126



Customer's Order No. _____		Date <u>5-28</u>		<u>30/10</u>	
Name <u>DAVE THARP</u>					
Address _____					
					Phone: _____
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	PAID OUT
QUAN.	DESCRIPTION			PRICE	AMOUNT
	<u>SAND</u>				<u>115.00</u>
	<u>Bent-onite</u>				<u>198.77</u>
	<u>Backhoe & Labor</u>				<u>400.00</u>
All claims and returned goods MUST be accompanied by this bill.				TAX	<u>44.97</u>
0003445		Received By _____		TOTAL	<u>758.74</u>

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Thank You