

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																											
	County: <u>Plummer</u>	<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>0</u>	<u>5</u>		<u>22 S</u>		<u>16 W</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>444 S.W. Trail</u>																																			
2	WATER WELL OWNER: <u>KDAE T3m. Site</u> <u>41-073002-11</u> RR #, St. Address, Box #: _____ City, State, ZIP Code : <u>The Beautiful You</u>																																		
Board of Agriculture, Division of Water Resources Application Number: _____																																			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>23</u> ft																															
			WELL'S STATIC WATER LEVEL <u>17.92</u> ft.																																
			WELL WAS USED AS:																																
			<table style="width:100%;"> <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>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</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	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other															
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Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>✓</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>✓</u>																																			
5	TYPE OF BLANK CASING USED:																																		
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>✓</u> No _____ If yes, how much <u>20'</u> Casing height above or below land surface _____ in. <u>overdrilled</u>																																			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																		
Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																			
What is the nearest source of possible contamination:																																			
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3/20/01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u> This Water Well Record was completed on (mo/day/year) <u>3/20/01</u> under the business name of <u>ACI</u> by (signature) <u>Anneta Dean</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																			