| 1 LOCATI | ON OF WATER | | Fraction | | Section Number | Township Number | Range Number |
|---|---------------|--------------|-------------|---------------------------------------|---|--|--------------------|
| H | \mathcal{O} | | | _1// 1// | | | 18 W |
| County: | rawn | | | E1/4 NE1/4 | | 99 | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | |
| 2 WATER WELL OWNER: Clarabel Price Roha | | | | | | | |
| RR#, St. Address, Box #: Rt 1 Box 26 Board of Agriculture, Division of Water Resources | | | | | | | |
| City, State, ZIP Code : Garbield, KS 67529 Application Number: | | | | | | | |
| 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL | | | | | | | |
| N WELL'S STATIC WATER LEVELft. | | | | | | | |
| | ŧ | × | WELL | WAS USED AS: | | | |
| N | <u> </u> | —N E—— | 1 2 | Domestic | 5 Public Water Sup 6 Oil Field Water : | ply 9 Dewaterin Supply 10 Monitorin | • |
| | | | _ 3 | Feedlot | 7 Lawn and Garden (8 Air Conditioning | | |
| ₩ | | | E 4 | Industrial | 8 Air Conditioning | (12)Uther | STOLK. WALL |
| S E | | | | | | | |
| If yes, mo/day/yr sample was submitted | | | | | | | |
| Water Well Disinfected: Yes.X No | | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | | |
| Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) | | | | | | | |
| 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | | |
| Blank casing diameter | | | | | | | |
| Casing height above or celow land surfacein. | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 leat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | |
| Grout Plug Intervals: From | | | | | | | |
| 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 | | | | | | | |
| 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 3 Lateral lines 9 Feedyard 14 Abandoned water well | | | | | | | |
| | ss Pool | • | 10 Livesto | ock pens | 15 Oil well/Gas well | | |
| Direction from well?East | | | | | | | |
| FROM | то | PLU | UGGING MATE | RIALS | | | |
| 47 | 20 | Sam | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | |
| 20 | 8 | I 🚡 | أمما | 5.11 | | | |
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| 8 | φ | HAT | Cemer | Υ. Γ | | | |
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| <u> </u> | <u> </u> | | | | | | |
| 7 CONTRACTOR'S OR (ANDOHNER'S CERTIFICATION This water well was plugged under my jurisdiction and was completed on (mo/day/year)5/ | | | | | | | |
| Water Well Contractor's License No | | | | | | | |
| by (signature) (| | | | | | | |
| INSTRUCTI | ONS: Use | typewriter o | r ball poir | nt pen. Pleas | se press firmly and | orint clearly. Pleas | se 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. | | | | | | | |