

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Hodgeman	SW 1/4 SW 1/4 SE 1/4	6	T 22 S	R 21 E w

Distance and direction from nearest town or city street address of well if located within city?
Approximately 2 1/2 miles north and 2 1/2 miles east of Hanston

2 WATER WELL OWNER: **Virgil Unruh**
 RR#, St. Address, Box # **1245 Cournal Drive** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code **Garland, TX 75043** Application Number: **14,771**

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 153 ft											
	WELL'S STATIC WATER LEVEL 32 ft.											
	WELL WAS USED AS:											
	<table style="width:100%; border: none;"> <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 & 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
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4 Industrial	8 Air Conditioning	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:

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 diameter **16** in. Was casing pulled? Yes _____ No If yes, how much **Cut off**

Casing height above or below land surface **48** in.

6 GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From **33** ft. to **4** 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	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	None known
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	PLUGGING MATERIALS
153	33	Chlorinated Sand
33	4	Concrete Grout
4	0	Compacted Soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **4-29-02** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/year) **5-2-02** under the business name of **Clarke Well & Equipment, Inc.**

by (signature)

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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.