

1 LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Hodgeman</u>	<u>SE 1/4 NW 1/4 SW 1/4</u>	<u>9</u>		<u>22</u>		<u>21</u>	E/W

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

4 miles NE of Hanston

2 WATER WELL OWNER: <u>Earl Cure</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>Box 3</u>	Application Number: <u>5931</u>
City, State, ZIP Code: <u>Hanston, KS 67849</u>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL ft.											
	WELL'S STATIC WATER LEVEL <u>51</u> ft.											
	WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input type="checkbox"/> 1 Domestic</td> <td><input type="checkbox"/> 5 Public Water Supply</td> <td><input type="checkbox"/> 9 Dewatering</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 Irrigation</td> <td><input type="checkbox"/> 6 Oil Field Water Supply</td> <td><input type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td><input type="checkbox"/> 7 Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> 11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td><input type="checkbox"/> 8 Air Conditioning</td> <td><input type="checkbox"/> 12 Other</td> </tr> </table>	<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering	<input checked="" type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning
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	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:	9 Other (Specify below)
1 Steel	3 RMP (SR)
2 PVC	4 ABS
5 Wrought	6 Asbestos-Cement
7 Fiberglass	8 Concrete Tile
Blank casing diameter in. Was casing pulled? Yes No If yes, how much	
Casing height above or below land surface in.	

6 GROUT PLUG MATERIAL:	3 Bentonite
1 Neat cement	2 Cement grout
4 Other	
Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.	
What is the nearest source of possible contamination:	
1 Septic tank	6 Seepage pit
2 Sewer lines	7 Pit privy
3 Watertight sewer lines	8 Sewage lagoon
4 Lateral lines	9 Feedyard
5 Cess pool	10 Livestock pens
11 Fuel storage	16 Other (specify below)
12 Fertilizer storage	
13 Insecticide storage	
14 Abandoned water well	
15 Oil well/Gas well	
Direction from well? How many feet?	

FROM	TO	PLUGGING MATERIALS
<u>84</u>	<u>70</u>	<u>Sand gravel</u>
<u>70</u>	<u>7</u>	<u>Clay dirt</u>
<u>7</u>	<u>3</u>	<u>Bentonite chips</u>
<u>3</u>	<u>0</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>4/15/2008</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)
<u>4/15/2008</u>	under the business name of
by (signature) <u>Darin J. Cure</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.