

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Finney</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>10</u>	<u>22</u>	<u>34</u> E/W

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

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #:	Application Number:
	City, State, ZIP Code :	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4	DEPTH OF WELL <u>13.6</u> ft.												
	WELL'S STATIC WATER LEVEL <u>10.6</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><input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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 <input checked="" type="radio"/> No												
	If yes, mo/day/yr sample was submitted												
	Water Well Disinfected: <input checked="" type="radio"/> Yes No												

5	TYPE OF BLANK CASING USED:	<input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter <u>16</u> in.	Was casing pulled? <input checked="" type="radio"/> Yes <input type="radio"/> No
	Casing height above or below land surface <u>4 feet</u> in.	If yes, how much

6	GROUT PLUG MATERIAL:	<input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other																			
	Grout Plug Intervals:	From ft. to ft., From ft. to ft., From to ft.																			
	What is the nearest source of possible contamination:																				
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	Direction from well?	How many feet?																			

FROM	TO	PLUGGING MATERIALS

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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>Ken Horton</u>
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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.