

1 LOCATION OF WATER WELL: Fraction NW Section Number 4 Township Number 22 Range Number 40 EW

County: Hamilton

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

2 WATER WELL OWNER: Charles Bezona
 RR #, St. Address, Box #: Box 466 3701 NECE 14
 City, State, ZIP Code: Syracuse Ks 67878 Board of Agriculture, Division of Water Resources
 Application Number: _____

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

4 DEPTH OF WELL 94 ft.
 WELL'S STATIC WATER LEVEL 0 ft.
 WELL WAS USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other windmill

Was a chemical / bacteriological sample submitted to Department? Yes _____ No X
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____
 Blank casing diameter 6 in. Was casing pulled? Yes _____ No X If yes, how much _____
 Casing height above or below land surface 4 ft in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 20 ft. to 4 ft., From _____ ft. to _____ ft., From _____ to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well? East How many feet? 2000 ft.

FROM	TO	PLUGGING MATERIALS
94ft	20ft	Clean Sand
20ft	4ft	Bentonite
		Bentonite mushroom cap

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) _____

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.