| 1 | LOCAT | ION OF WATE | ER WELL: | Fraction | Section Number | Township Nu | mber Range Numbe | r | |
|---|--|-------------|----------------------------|---|---|--------------------------|---------------------|---|--|
| C | ounty: \mathbf{R} | eno | | 5W14 NW14 NW4 | 4 | 22 | 6 _W | | |
| Di | Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | |
| 4 miles North of Willowdale, Ks. | | | | | | | | | |
| 2 | WATER WELLOWNER: Duane Phillips RR #, St. Address, Box #: City, State, ZIP Code: Hutchinson, Ks. 67502 WATER WELLOWNER: Duane Phillips Board of Agriculture, Division of Water Resources Application Number: | | | | | | | | |
| 3 W | AN "X" IN SECTION BOX: N N N N N S S S S S S S S S S S S S S | | | WELL'S STATIC WATER WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial Was a chemical / bacter | estic 5 Public Water Supply 9 Dewatering tion 6 Oil Field Water Supply 10 Monitoring Well lot 7 Domestic (Lawn & Garden) 11 Injection Well trial 8 Air Conditioning 12 OtherGeothermal I / bacteriological sample submitted to Department? Yes | | | | |
| 5 | TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9X Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Polyetneylene Blank casing diameter3/4in. Was casing pulled? Yes | | | | | | | | |
| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout \$\forall \text{ Bentonite} 4 Other | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| | X Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool Direction from well? South | | | 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens | 11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned wate 15 Oil well/Gas wel | e age er well I | her (specify below) | | |
| FROM TO PLUGGING MATERIALS | | | | | | | | | |
| - | | | | | | | | | |
| - | 0 7 Topsoil 7 200 Shale, | | .,sandy red & green w/s | small mica lave | rs | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| _ | | | | | | | | | |
| | | | | | | | | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | | | | |

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.