

1 LOCATION OF WATER WELL: County: <u>Harvey</u>		Fraction <u>NE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>29</u>	Township Number <u>23 S</u>	Range Number <u>3w</u>																					
Distance and direction from nearest town or city street address of well if located within city? <u>SW corner of Burrton Avenue and Hwy. 50</u>																										
2 WATER WELL OWNER: <u>Mr. Gilbert Hensley</u> RR #, St. Address, Box #: <u>Box 287</u> City, State, ZIP Code : <u>Burrton, KS 67020</u> Board of Agriculture, Division of Water Resources Application Number:																										
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div><div>N</div><div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div></div><div>W</div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div>S</div><div>E</div></div>		4 DEPTH OF WELL <u>12.1</u> ft WELL'S STATIC WATER LEVEL <u>N/A</u> ft WELL WAS USED AS: <div><div>1 Domestic</div><div>2 Irrigation</div><div>3 Feedlot</div><div>4 Industrial</div><div>5 Public Water Supply</div><div>6 Oil Field Water Supply</div><div>7 Domestic (Lawn & Garden)</div><div>8 Air Conditioning</div><div>9 Dewatering</div><div><u>10</u> Monitoring Well</div><div>11 Injection Well</div><div>12 Other</div></div> <div>Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u></div>																								
5 TYPE OF BLANK CASING USED: <div><div>1 Steel</div><div>2 PVC</div><div>3 RMP (SR)</div><div>4 ABS</div><div>5 Wrought</div><div>6 Asbestos-Cement</div><div>7 Fiberglass</div><div>8 Concrete Tile</div><div>9 Other (Specify below)</div></div> <div>Blank casing diameter <u>3</u> in. Was casing pulled? Yes <u>X</u> No Casing height above or below land surface <u>6</u> in. If yes, how much <u>18 feet</u></div>																										
6 GROUT PLUG MATERIAL: <div><div>1 Neat cement</div><div>2 Cement grout</div><div><u>3</u> Bentonite</div><div>4 Other</div></div> <div>Grout Plug Intervals: From <u>1</u> ft. to <u>20</u> ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <div><div>1 Septic tank</div><div>2 Sewer lines</div><div>3 Watertight sewer lines</div><div>4 Lateral lines</div><div>5 Cess Pool</div><div>6 Seepage pit</div><div>7 Pit privy</div><div>8 Sewage lagoon</div><div>9 Feedyard</div><div>10 Livestock pens</div><div>11 Fuel storage</div><div>12 Fertilizer storage</div><div>13 Insecticide storage</div><div>14 Abandoned water well</div><div>15 Oil well/Gas well</div><div>16 Other (specify below)</div></div><div>Direction from well? How many feet?</div></div>																										
<table><tr><td>FROM</td><td>TO</td><td>PLUGGING MATERIALS</td></tr><tr><td><u>0</u></td><td><u>1</u></td><td><u>Soil</u></td></tr><tr><td><u>1</u></td><td><u>20</u></td><td><u>Bentonite chips</u></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>1</u>	<u>Soil</u>	<u>1</u>	<u>20</u>	<u>Bentonite chips</u>												
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/3/02</u> <u>3/19/02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/year) <u>5/3/02</u> under the business name of <u>Geotechnical Services, Inc.</u> by (signature) <u>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																										