

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Reno</u>	<u>SE SE NE</u> 1/4 1/4 1/4	<u>15</u>		<u>23</u>		<u>5</u>	<u>EW</u>

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

2	WATER WELL OWNER: <u>Carolyn Evel</u> RR #, St. Address, Box #: <u>4505 Mainline DR</u> City, State, ZIP Code: <u>Hatch, KS 67501</u>	Board of Agriculture, Division of Water Resources Application Number: _____
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>30</u> ft. WELL'S STATIC WATER LEVEL <u>4</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic  2 <u>Domestic (Lawn &amp; Garden)</u>  3 Feedlot  4 Industrial </div> <div> 5 Public Water Supply  6 Oil Field Water Supply  <u>7 Domestic (Lawn &amp; Garden)</u>  8 Air Conditioning </div> <div> 9 Dewatering  10 Monitoring Well  11 Injection Well  12 Other <u>water garden &amp; yard</u> </div> </div>
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Was a chemical / bacteriological sample submitted to Department? Yes \_\_\_\_\_ No ☒

If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected: Yes \_\_\_\_\_ No ☒

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

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
	Grout Plug Intervals: From <u>0</u> ft. to <u>30</u> ft., From <u>30</u> ft. to <u>TOP</u> 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) <u>old Land fill where the airport is,</u>	
	Direction from well? _____		How many feet? _____		

FROM	TO	PLUGGING MATERIALS
30	20	BENTONITE
20	0	POUR CEMENT

RECEIVED

JUL 23 2008

BUREAU OF WATER

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) _____
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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.