

1	LOCATION OF WATER WELL:	Fraction <i>nw sw sw</i> $\frac{1}{4} \quad \frac{1}{4} \quad \frac{1}{4}$	Section Number <i>34</i>	Township Number <i>24</i>	Range Number <i>1</i>																								
County: <i>HARVEY</i> EW																													
Distance and direction from nearest town or city street address of well if located within city? <i>In Alley, 1/2 blk N and 1/2 blk W of Intersection of 4th Commercial MW-19</i>																													
2	WATER WELL OWNER: <i>CMI 9130</i>																												
RR #, St. Address, Box #: <i>2 N. Nevada</i>			Board of Agriculture, Division of Water Resources																										
City, State, ZIP Code: <i>Colorado Springs, Co 80903</i>			Application Number:																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <i>27</i> ft. WELL'S STATIC WATER LEVEL <i>21.9</i> ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 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> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/></p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes No <input checked="" type="checkbox"/></p>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other												
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other																												
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>1-8-04</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>705</i> This Water Well Record was completed on (mo/day/year) <i>1-8-04</i> under the business name of <i>HANDEX</i> by (signature) <i>[Signature]</i>																												
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.																													