

1	LOCATION OF WATER WELL:	Fraction NE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 15	Township Number 24	Range Number 10	EW																											
County: Reno Distance and direction from nearest town or city street address of well if located within city? 118 N. Main, Sylvia																																	
2	WATER WELL OWNER: Sylvia Coop 118 N. Main RR #, St. Address, Box #: Sylvia, KS 67581 City, State, ZIP Code:																																
Board of Agriculture, Division of Water Resources Application Number:																																	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4	DEPTH OF WELL 24 ft. WELL'S STATIC WATER LEVEL n/a ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering <input checked="" type="radio"/> 10 Monitoring Well 11 Injection Well 12 Other </div> </div>																													
Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <input checked="" type="checkbox"/>																																	
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel <input checked="" type="radio"/> 2 PVC </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) </div> </div> Blank casing diameter 2 in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface n/a in.																																
6	GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div> Direction from well? How many feet?																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <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> <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> </tbody> </table> <div style="margin-top: 20px;"> <p>*Well completely destroyed during excavation on 12/12/2005.</p> <p>IW6R</p> <p>GeoCore #1243 KDHE #A2 078 40106</p> </div>							FROM	TO	PLUGGING MATERIALS																								
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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) 12/12/2005 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 12/29/2005 under the business name of GeoCore Inc. by (signature) <i>Dale Wolf</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.																																	