

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Finney</b>	<b>NW 1/4 NW 1/4 SE 1/4</b>	<b>18</b>	<b>24</b>	<b>32 W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**In small parking lot at NW corner of intersection of Laurel & 7<sup>th</sup> Streets, Garden City, KS**

2 WATER WELL OWNER: **Kansas Department of Health & Environment**  
 RR#, St. Address, Box # **1000 SW Jackson Ste 410** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Topeka, KS 66612** Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL ..... **275** ..... ft.  
 WELL'S STATIC WATER LEVEL ..... **64.37** ..... ft.  
 WELL WAS USED AS:  
 1 Domestic                      5 Public Water Supply                      9 Dewatering  
 2 Irrigation                      6 Oil Field Water Supply                      **10 Monitoring Well**  
 3 Feedlot                      7 Lawn and Garden (domestic)                      11 Injection Well  
 4 Industrial                      8 Air Conditioning                      12 Other .....

Was a chemical/bacteriological sample submitted to Department? Yes ..... No **X**  
 If yes, mo/day/yr sample was submitted .....  
 Water Well Disinfected: Yes ..... No **X**

5 TYPE OF BLANK CASING USED:  
 1 Steel                      3 RMP (SR)                      5 Wrought                      7 Fiberglass                      9 Other (specify below)  
**2 PVC**                      4 ABC                      6 Asbestos-Cement                      8 Concrete Tile .....

Blank casing diameter ..... **2** ..... in. Was casing pulled? Yes ..... No **X** ..... If yes, how much .....

Casing height above or below land surface ..... **36** ..... in. **Overdrilled 0 to 3 feet below the ground surface**

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    **4 Other Bentonite Grout**

Grout Plug Intervals From **3** ft. to **275** ft. From ..... ft. to ..... ft. From ..... ft. to ..... ft.

What is the nearest source of possible contamination:  
 1 Septic tank                      6 Seepage pit                      11 Fuel storage                      16 Other (specify below)  
 2 Sewer lines                      7 Pit privy                      12 Fertilizer storage .....

Direction from well? ..... How many feet? .....

FROM	TO	CODE	PLUGGING MATERIALS
<b>0</b>	<b>3</b>		<b>Soil</b>
<b>3</b>	<b>275</b>		<b>Bentonite Grout slurry using tremie pipe/50 gal.</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **4-25-05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **5-25-05** under the business name of **Geotechnical Services, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.