1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: KEARNU	SW1/4SE1/4SE1/4	29	24	35 W
Distance and direction from nearest town or city street address of well if located within city?				
1 mi So, MILE WEST OF Deepfield 2 WATER WELL OWNER: Carl Granbeiger TRUST				
RR#, St. Address, Box #: P.O. Box 184 Board of Agriculture, Division of Water Resources				
City, State, ZIP Code: Deech ud 165. 67838 Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL				
	1 Domestic	1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well		
	3 Feedlot			
W	E 4 Industrial	8 Air Conditioning	12 Other	
S E				
If yes, mo/day/yr sample was submitted				
water well Disinfected: fes				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Casing height above or below land surfacein.				
6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: Fromft. toft., Fromft. toft., From				
What is the nearest source of possible contamination: 15				
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)				
2 Sewer lines 7 Pit privy 12 Fertilizer storage				
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well? W/W How many feet? 12 wile.				
FROM TO PLUGGING MATERIALS				
42' 23' CHLORINATED SAND				
231 8' SuBSOIL				
8' 5' CONCRETE PLUG				
5' O' TOPSOIL				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
on (mo/day/year)				
by (signature) (and the business name of the busine				
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: 913/296-3565. Send one to Water Well Owner and retain one for your records.				