

1	LOCATION OF WATER WELL: County: KEARNY	Fraction NW 1/4 SW1/4 SW1/4	Section Number 27	Township Number 24	Range Number 35 <i>W</i>
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Distance and direction from nearest town or city street address of well if located within city?

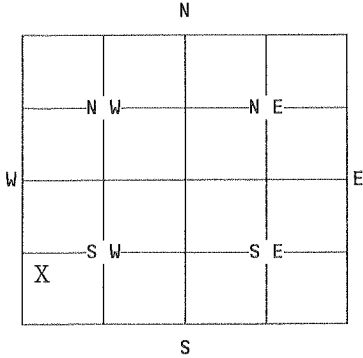
3 MILES SOUTH AND 1 MILE WEST

2 WATER WELL OWNER: ROBERT GLUNT

RR#, St. Address, Box #: R.R. 1 BOX 131
City, State, ZIP Code : HOLCOMB, KANSAS 67851

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF WELL.....²⁹.....ft.

WELL'S STATIC WATER LEVEL..DRY.....ft.

WELL WAS USED AS: 2

- | | | |
|--|--------------------------|--------------------|
| <input checked="" type="checkbox"/> 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| <input checked="" type="checkbox"/> 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well |
| <input type="checkbox"/> 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well |
| <input type="checkbox"/> 4 Industrial | 8 Air Conditioning | 12 Other..... |

Was a chemical/bacteriological sample submitted to Department? Yes....No....
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... No..X..

5 TYPE OF BLANK CASING USED: 1

- | | | | | |
|---|------------|-------------------|-----------------|-------------------------|
| <input checked="" type="checkbox"/> 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) |
| <input checked="" type="checkbox"/> 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter.....16.....in. Was casing pulled? Yes..... No..X.. If yes, how much.....
Casing height above or below land surface...8 FT.....in.

6 GROUT PLUG MATERIAL: 1 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: 1

- | | | | |
|---|-------------------|-------------------------|--------------------------|
| <input checked="" type="checkbox"/> 1 Septic tank | 6 Seepage pit | 11 Fuel storage | 16 Other (specify below) |
| <input type="checkbox"/> 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| <input type="checkbox"/> 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| <input type="checkbox"/> 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| <input type="checkbox"/> 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well | |

Direction from well? ..NORTH..... How many feet? ..1500.....

FROM	TO	PLUGGING MATERIALS
29	9	SAND/SUBSOIL
9	8	CEMENT
8	0	TOPSOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..2-11-95..... 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) ..2-14-95..... under the business name of
by (signature) ..Robert Glunt.....

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.