1 LOCATION	OF WATER	WELL:	Fraction	Section Number	Township	Number	Range Number	
county: REI	NO		SW 1/4 SE 1/4 SW 1/4	12	XX	24	6W	
Distance and direction from nearest town or city street address of well if located within city? 1/4 MILE EAST OF K17-K96 HIGHWAY JUNCTION, NORTH SIDE OF K96								
2 WATER WELL OWNER: KANSAS DEPARTMENT OF TRANSPORTATION								
RR#, St. Address, Box #: 1220 W. 4TH City, State, ZIP Code: HUTCHINSON, KS 67501 Board of Agriculture, Division of Water Resources Application Number: N/A								
3 MARK WELL AN "X" IN			1 1		KNOWNft. TOTAL DEPTH NOT DETERMINED, WELL COLLAPSED.			
W W		-N E	4 industriat	6 Oil Field Water 5 7 Lawn and Garden 6 8 Air Conditioning	Supply 10 Only 11 12		g Well Well	
Was a chemical/bacteriological sample submitted to Department? YesNo.\(\Lambda\). If yes, mo/day/yr sample was submitted								
<u> </u>	Water Well Disinfected: Yes NoX							
5 TYPE OF BLANK CASING USED: ROCK WALLS OF								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) HAND DUG WELL 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
Blank casing diameter30in. Was casing pulled? Yes NoX If yes, how muchin.								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: From 10.5ft. to3ft., Fromft. toft., From toft.								
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							ecify below)	
Direction from well? WEST How many feet? .EST. 13.00								
FROM	то	PLU	GGING MATERIALS					
TD 1	10.5 FORMATION MATERIAL FROM			*FILL MATER				
		APPARENT	WELL COLLAPSE	EXPANSION	EXPANSION WILL OVERLAY PLUGGED WELL			
10.5	3	CEMENT G	ROUT		b a			
3	0	DIRT FILL JUN 2 4 1997						
				~	T Was alsos Gran			
					- Coment District			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)								

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.