

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Gray</u>	<u>NE 1/4 NW 1/4 SW 1/4 NE</u>	<u>22</u>	<u>25</u>	<u>30</u> EW

Distance and direction from nearest town or city street address of well if located within city?
Same as owner address.

2	WATER WELL OWNER: <u>Pat Mooney Shelor</u>	RR #, St. Address, Box #: <u>04605 W.S. Hwy. 50</u>	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: <u>Ingalls, KS. 67853</u>		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>97.5</u> ft.	
			WELL'S STATIC WATER LEVEL <u>75</u> ft.	
			WELL WAS USED AS:	
			<input checked="" type="radio"/> Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning
Was a chemical / bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No				

5	TYPE OF BLANK CASING USED:			
	<input checked="" type="radio"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile			
	Blank casing diameter <u>6</u> in.	Was casing pulled? Yes No <input checked="" type="checkbox"/>	If yes, how much	
	Casing height above or <u>below</u> land surface <u>60</u> in.			

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
	Grout Plug Intervals:	From ft. to	From ft. to	From ft. to	From ft. to
	What is the nearest source of possible contamination:				
	1 Septic tank 2 Sewer lines <input checked="" type="radio"/> Watertight sewer lines 4 Lateral lines 5 Cess pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well	16 Other (specify below)	
	Direction from well? <u>Northeast</u> How many feet? <u>150'</u>				

FROM	TO	PLUGGING MATERIALS
<u>5</u>	<u>25</u>	<u>Bentonite chips</u>
<u>25</u>	<u>75</u>	<u>Compacted clays</u>
<u>75</u>	<u>97.5</u>	<u>Chlorinated Sand</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4/30/18</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>533</u> This Water Well Record was completed on (mo/day/year) <u>5/29/18</u> under the business name of <u>Santec Water Well</u> by (signature)
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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.