

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Edwards</u>	<u>NW 1/4 SE 1/4 NW 1/4</u>	<u>16</u>	<u>26</u>	<u>17</u> <u>K/W</u>

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

1 1/2 South, 1/2 West of Fellsburg

2	WATER WELL OWNER: <u>John Roenbaugh</u> <u>Rt 1 Box 87B</u> RR #, St. Address, Box #: <u>Lewis, Ks. 67552</u> City, State, ZIP Code	Board of Agriculture, Division of Water Resources Application Number: <u>19426</u>
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>136</u> ft. WELL'S STATIC WATER LEVEL <u>40</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic  2 <u>Irrigation</u>  3 Feedlot  4 Industrial </div> <div> 5 Public Water Supply  6 Oil Field Water Supply  7 Domestic (Lawn &amp; Garden)  8 Air Conditioning </div> <div> 9 Dewatering  10 Monitoring Well  11 Injection Well  12 Other ..... </div> </div>
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N

NW	X	NE
SW	SE	

S

Was a chemical / bacteriological sample submitted to Department? Yes ..... No X.....

If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes HTH. No .....

5	TYPE OF BLANK CASING USED:
	1 <u>Steel</u> 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>14</u> in.    Was casing pulled? Yes ..... No <u>X</u> .....    If yes, how much .....
	Casing height above or below land surface <u>36</u> in.

6	GROUT PLUG MATERIAL: 1 <u>Neat cement</u> 2 Cement grout    3 Bentonite    4 Other .....
	Grout Plug Intervals: From <u>4088</u> ft. to <u>3</u> ft., From ..... ft. to ..... ft., From ..... to ..... ft.
	What is the nearest source of possible contamination:
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> 1 Septic tank  2 Sewer lines  3 Watertight sewer lines  4 Lateral lines  5 Cess pool </div> <div style="width: 33%;"> 6 Seepage pit  7 Pit privy  8 Sewage lagoon  9 Feedyard  10 Livestock pens </div> <div style="width: 33%;"> 11 Fuel storage  12 Fertilizer storage  13 Insecticide storage  14 Abandoned water well  15 Oil well/Gas well </div> <div style="width: 33%;"> 16 Other (specify below)  <u>None</u> </div> </div>
	Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
136	40	Chlorinated gravel
40	3	Cement
3	0	Top soil

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-27-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/year) <u>5-9-07</u> under the business name of <u>Rosencrantz - Bemis</u> by (signature) <u>[Signature]</u>
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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.