

1	LOCATION OF WATER WELL:	Fraction SE $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 6	Township Number 26	Range Number 28	EW																								
County: <u>Gray</u> Distance and direction from nearest town or city street address of well if located within city? <u>From Ingalls, 1/2 miles east on Hwy. 50</u>																														
2	WATER WELL OWNER:	<u>Rachel O'Neal</u> P.O. Box 665 Cimarron, KS 67835					Board of Agriculture, Division of Water Resources Application Number:																							
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<table border="1" style="float: left; margin-right: 10px;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td colspan="2"></td><td></td></tr> <tr><td style="text-align: center;">SW</td><td></td><td style="text-align: center;">SE</td></tr> <tr><td colspan="2" style="text-align: center;">S</td><td></td></tr> </table> 4 DEPTH OF WELL <u>53</u> ft. WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS:						N		W	NW	NE				SW		SE	S											
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		<table border="0"> <tr><td><input checked="" type="checkbox"/> Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr> <tr><td><input type="checkbox"/> 2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr> <tr><td><input type="checkbox"/> 3 Feedlot</td><td>7 Domestic (Lawn & Garden)</td><td>11 Injection Well</td></tr> <tr><td><input type="checkbox"/> 4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr> </table>						<input checked="" type="checkbox"/> Domestic	5 Public Water Supply	9 Dewatering	<input type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other											
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Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted																														
Water Well Disinfected: Yes No																														
5	TYPE OF BLANK CASING USED:																													
	<input checked="" type="checkbox"/> Steel 2 PVC	3 RMP (SR) 4 ABS	5 Wrought 6 Asbestos-Cement	7 Fiberglass 8 Concrete Tile	9 Other (Specify below)																								
	Blank casing diameter <u>4</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>36</u> in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other																													
	Grout Plug Intervals: From <u>3</u> ft. to <u>13</u> ft., From ft. to ft., From ft. to ft.																													
What is the nearest source of possible contamination:																														
	1 Septic tank 2 Sewer lines 3 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) <u>In pasture</u>																										
Direction from well? How many feet?																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">FROM</th> <th style="width: 15%;">TO</th> <th style="width: 70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr><td><u>3</u></td><td><u>23</u></td><td><u>Bentonite chips</u></td></tr> <tr><td><u>23</u></td><td><u>53</u></td><td><u>Compacted clays</u></td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>							FROM	TO	PLUGGING MATERIALS	<u>3</u>	<u>23</u>	<u>Bentonite chips</u>	<u>23</u>	<u>53</u>	<u>Compacted clays</u>															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5-8-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>S32</u> This Water Well Record was completed on (mo/day/year) <u>10-6-04</u> under the business name of <u>Jantzen Water Well Repair</u> by (signature) <u> </u>																													
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.																														

RECEIVED

OCT 11 2004

BUREAU OF WATER