

1	LOCATION OF WATER WELL:	Fraction <u>nw nw ne</u> <u>1/4 1/4 1/4</u>	Section Number <u>32</u>	Township Number <u>26</u>	Range Number <u>29</u> E/W
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County: Gray

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

from Ingalis, 5 miles south on 11 rd., then 2 3/8 miles west.

2	WATER WELL OWNER: <u>Joe Tury</u> <u>17504 7th.</u> RR #, St. Address, Box #: <u>Ingalis, KS 67853</u> City, State, ZIP Code	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>86</u> ft. WELL'S STATIC WATER LEVEL 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 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other
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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:
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1 Steel
2 PVC
3 RMP (SR)
4 ABS
5 Wrought
6 Asbestos-Cement
7 Fiberglass
8 Concrete Tile
9 Other (Specify below) stylene

Blank casing diameter 5 in. Was casing pulled? Yes No ☒ If yes, how much

Casing height above or below land surface 36 in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other
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Grout Plug Intervals: From 3 ft. to 23 ft., From ft. to ft., From 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)

Direction from well? South How many feet? 30

FROM	TO	PLUGGING MATERIALS
<u>3</u>	<u>23</u>	<u>Bentonite chips</u>
<u>23</u>	<u>86</u>	<u>Compacted clays</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/19/12</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>3/29/12</u> under the business name of <u>Jantzen Water Well</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.