

1	LOCATION OF WATER WELL:	Fraction SE NE 1/4 1/4 1/4	Section 15	Township 26S	Range 3N
County: <u>Sedgwick</u>					

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

2	WATER WELL OWNER: <u>Andale Coop</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>220 main</u>		Application Number:
City, State, ZIP Code: <u>Andale, KS 67001</u>		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>51</u> ft												
		WELL'S STATIC WATER LEVEL <u>35</u> ft.													
WELL WAS USED AS:															
<table border="0"> <tr> <td>☒ 1 Domestic</td> <td>☐ 5 Public Water Supply</td> <td>☐ 9 Dewatering</td> </tr> <tr> <td>☐ 2 Irrigation</td> <td>☐ 6 Oil Field Water Supply</td> <td>☐ 10 Monitoring Well</td> </tr> <tr> <td>☐ 3 Feedlot</td> <td>☐ 7 Domestic (Lawn & Garden)</td> <td>☐ 11 Injection Well</td> </tr> <tr> <td>☐ 4 Industrial</td> <td>☐ 8 Air Conditioning</td> <td>☐ 12 Other</td> </tr> </table>				☒ 1 Domestic	☐ 5 Public Water Supply	☐ 9 Dewatering	☐ 2 Irrigation	☐ 6 Oil Field Water Supply	☐ 10 Monitoring Well	☐ 3 Feedlot	☐ 7 Domestic (Lawn & Garden)	☐ 11 Injection Well	☐ 4 Industrial	☐ 8 Air Conditioning	☐ 12 Other
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Was a chemical / bacteriological sample submitted to Department? Yes <u>XXXX</u> No ☒ <u>XXXX</u>															
If yes, mo/day/yr sample was submitted															
Water Well Disinfected: Yes ☒ No															

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

6	GROUT PLUG MATERIAL: ☐ 1 Neat cement ☒ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other																							
Grout Plug Intervals: From <u>35</u> ft. to <u>0</u> ft., From ft. to ft., From ft. to ft.																								
What is the nearest source of possible contamination:																								
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Direction from well? How many feet?																								

FROM	TO	PLUGGING MATERIALS
51	35	gravel
35	0	Cement

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11-15-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/year) <u>11-20-01</u> under the business name of <u>Weninger Drilling Inc.</u>	
by (signature) <u>Michael Berger</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.