

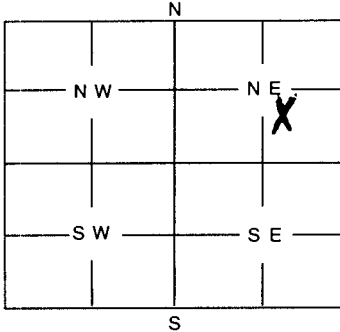
1	LOCATION OF WATER WELL: County: <u>Sedgewick</u>	Fraction <u>NW 1/4 SE NE 1/4</u>	Section <u>15</u>	Township <u>26S</u>	Range <u>3W</u>
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Distance and direction from nearest town or city street address of well if located within city?
See below

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

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>42</u> ft. WELL'S STATIC WATER LEVEL <u>20</u> ft. WELL WAS USED AS: <u>1</u> Domestic <u>2</u> Irrigation <u>3</u> Feedlot <u>4</u> Industrial <u>5</u> Public Water Supply <u>6</u> Oil Field Water Supply <u>7</u> Domestic (Lawn & Garden) <u>8</u> Air Conditioning <u>9</u> Dewatering <u>10</u> Monitoring Well <u>11</u> Injection Well <u>12</u> Other _____ Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <u>X</u> No _____
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5	TYPE OF BLANK CASING USED: <u>1</u> Steel <u>2</u> PVC <u>3</u> RMP (SR) <u>4</u> ABS <u>5</u> Wrought <u>6</u> Asbestos-Cement <u>7</u> Fiberglass <u>8</u> Concrete Tile <u>9</u> Other (Specify below) _____ Blank casing diameter <u>5</u> in. Was casing pulled? Yes _____ No <u>X</u> If yes, how much _____ Casing height above or below land surface _____ in.				
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6	GROUT PLUG MATERIAL: <u>1</u> Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other _____ Grout Plug Intervals: From <u>20</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <u>1</u> Septic tank <u>2</u> Sewer lines <u>3</u> Watertight sewer lines <u>4</u> Lateral lines <u>5</u> Cess Pool <u>6</u> Seepage pit <u>7</u> Pit privy <u>8</u> Sewage lagoon <u>9</u> Feedyard <u>10</u> Livestock pens <u>11</u> Fuel storage <u>12</u> Fertilizer storage <u>13</u> Insecticide storage <u>14</u> Abandoned water well <u>15</u> Oil well/Gas well <u>16</u> Other (specify below) _____ Direction from well? _____ How many feet? _____				
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FROM	TO	PLUGGING MATERIALS
<u>42</u>	<u>20</u>	<u>gravel</u>
<u>20</u>	<u>0</u>	<u>cement</u>

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>38</u> by (signature) <u>Michelle Gorgas</u> under the business name of <u>Weninger Drilling Inc.</u> This Water Well Record was completed on (mo/day/year) _____				
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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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.