

1	LOCATION OF WATER WELL:	Fraction <u>NW</u>	Section Number <u>28</u>	Township Number <u>26</u>	Range Number <u>32</u>	E/W
County: <u>Finney</u>						
Distance and direction from nearest town or city street address of well if located within city?						

2	WATER WELL OWNER: <u>Gene Heiman Enterprises</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>909 Anderson</u>		Application Number: <u>23488</u>
City, State, ZIP Code: <u>Garden City, Ks 67846</u>		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>360</u> ft.										
		WELL'S STATIC WATER LEVEL <u>280</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><input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial
1 Domestic	5 Public Water Supply	9 Dewatering											
<input checked="" type="checkbox"/> 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											
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 <input checked="" type="checkbox"/> No													

5	TYPE OF BLANK CASING USED:			
<input checked="" type="radio"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter <u>16</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much				
Casing height above or below land surface in.				

6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout 3 Bentonite 4 Other																							
Grout Plug Intervals: From <u>5</u> ft. to <u>10</u> ft., From ft. to ft., From ft. to ft.																								
What is the nearest source of possible contamination:																								
<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td><input checked="" type="radio"/> 15 Oil well/Gas well</td> <td></td> </tr> </table>					1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	<input checked="" type="radio"/> 15 Oil well/Gas well	
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)																					
2 Sewer lines	7 Pit privy	12 Fertilizer storage																						
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage																						
4 Lateral lines	9 Feedyard	14 Abandoned water well																						
5 Cess pool	10 Livestock pens	<input checked="" type="radio"/> 15 Oil well/Gas well																						
Direction from well? <u>SE</u> How many feet? <u>1900'</u>																								

FROM	TO	PLUGGING MATERIALS
20'	360'	Washed Gravel
10'	20'	Top Soil / Clay
5'	10'	Cement - 5000 psi → mushroom top
0'	5'	Top Soil / Clay

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-19-18</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4-19-18</u> This Water Well Record was completed on (mo/day/year) <u>4-19-18</u> under the business name of <u>Heiman Family Farms</u> by (signature) <u>Gene Heiman</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.