

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	RENO	SE 1/4 NE 1/4 NE 1/4	36	26	7W

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

2 1/4 MILES SOUTH OF PRETTY PRAIRIE, KANSAS

2	WATER WELL OWNER:	LEWIS MARTIN
RR#, St. Address, Box #:	PRETTY PRAIRIE, KS	67570
City, State, ZIP Code :	Board of Agriculture, Division of Water Resources	
	Application Number: N/A	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4	DEPTH OF WELL.....26.....ft. WELL'S STATIC WATER LEVEL.....11.....ft. WELL WAS USED AS: X1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other..... Was a chemical/bacteriological sample submitted to Department? Yes....No..X.. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..X.. No.....
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			X
N	W		E
W			E
	S		E

5	TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass X 9 Other (specify below)	
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	DUG WELL BRICK LINED
Blank casing diameter.....30.....in.	Was casing pulled? Yes..... No..X... If yes, how much.....
Casing height above or below land surface.....54.....in.	

6	GROUT PLUG MATERIAL: 1 Neat cement X 2 Cement grout 3 Bentonite 4 Other.....
Grout Plug Intervals:	From 11..ft. to 4.5..ft., From.....ft. toft., From..... to.....ft.
What is the nearest source of possible contamination:	

- | | | | |
|--------------------------|-------------------|-------------------------|---------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | X16 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 | 15 Oil well/Gas well | |

Direction from well? How many feet? WELL LOCATED AT ABANDONED HOMESTEAD. LOCATION OF SPECIFIC CONTAMINATION SOURCES NOT DETERMINED.

FROM	TO	PLUGGING MATERIALS
26	11	sand & gravel
11	4.5	cement grout
4.5	0	topsoil

*PLUGGING WITNESSED BY
DON KOCI, GMD 2

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) X 12-27-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.N/A..... This Water Well Record was completed on (mo/day/year) X 12-27-95 under the business name ofN/A..... by (signature) X Lewis J. Martin
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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: 913/296-3565. Send one to Water Well Owner and retain one for your records.