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|---------------------------|-----------------|----------------|-----------------|--|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: <u>Pratt</u> | <u>12 12 12</u> | <u>29</u> | <u>27</u> | <u>12</u> B.W. |

Distance and direction from nearest town or city street address of well if located within city?
1-North of Pratt on 61 Hwy 3 East south side of Road

2 WATER WELL OWNER: BEN Bailey
 RR #, St. Address, Box #: 203 N. Pine
 City, State, ZIP Code: Pratt, KS 67124
 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>83</u> ft. |
| | WELL'S STATIC WATER LEVEL <u>44</u> ft. |
| | WELL WAS USED AS: 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 <u>Cattle well</u> |
| 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 | |

5 TYPE OF CASING USED:

| | | | | |
|---|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought | <input type="checkbox"/> 7 Fiberglass | <input type="checkbox"/> 9 Other (Specify below) |
| <input type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 8 Concrete Tile | |

Blank casing diameter 4 in. Was casing pulled? Yes No X..... If yes, how much

Casing height above or below land surface 40 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: From 83 ft. to 0 ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

| | | | |
|---|--|--|---|
| <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 11 Fuel storage | <input type="checkbox"/> 16 Other (specify below) |
| <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 7 Pit privy | <input type="checkbox"/> 12 Fertilizer storage | |
| <input type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 8 Sewage lagoon | <input type="checkbox"/> 13 Insecticide storage | |
| <input type="checkbox"/> 4 Lateral lines | <input type="checkbox"/> 9 Feedyard | <input type="checkbox"/> 14 Abandoned water well | |
| <input type="checkbox"/> 5 Cess pool | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 15 Oil well/Gas well | |

Direction from well? How many feet?

| FROM | TO | PLUGGING MATERIALS |
|-----------|----------|-----------------------|
| <u>83</u> | <u>0</u> | <u>Bentonite</u> |
| <u>3</u> | <u>0</u> | <u>Sandy Top Soil</u> |
| | | |
| | | |
| | | |
| | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-21-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo/day/year) 6-21-06 under the business name of Craw Disposal well
 by (signature) [Signature]

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.