

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
County: Pratt	SE 1/4 NW 1/4 SW 1/4	05	27S	15 W																								
Distance and direction from nearest town or city street address of well if located within city? 4 miles North, 14 miles West of Pratt KS.																												
2 WATER WELL OWNER: Harold Smith																												
RR#, St. Address, Box #: RR 2		Board of Agriculture, Division of Water Resources																										
City, State, ZIP Code : Macksville KS. 67557		Application Number:																										
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"><tr><td colspan="2">N W</td><td colspan="2">N E</td></tr><tr><td colspan="2">W</td><td colspan="2">E</td></tr><tr><td colspan="2">S W</td><td colspan="2">S E</td></tr></table> S		N W		N E		W		E		S W		S E		4 DEPTH OF WELL..... 130ft. WELL'S STATIC WATER LEVEL..... 40ft. WELL WAS USED AS: <table style="width:100%;"><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><input checked="" type="radio"/> 10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> 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.....			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td><input checked="" type="radio"/> 2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter..... 4in. Was casing pulled? Yes..... No. <input checked="" type="checkbox"/> If yes, how much..... Casing height above or below land surface..... 36in.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile															
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other..... Grout Plug Intervals: From... 3 ...ft. to... 40 ...ft., From.....ft. toft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td><input checked="" type="radio"/> 16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td>En. Field</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>15 Oil well/Gas well</td><td></td></tr></table> Direction from well? All How many feet?					1 Septic tank	6 Seepage pit	11 Fuel storage	<input checked="" type="radio"/> 16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	En. Field	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					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-1-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 5-14-96 under the business name of Big Bend AMO #5 by (signature) Joseph R. Allen																												
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.																												