

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Pratt Co.</u>	<u>1/4 SE 1/4 SE 1/4 NE</u>	<u>29</u>	<u>27</u>	<u>15</u> EW

Distance and direction from nearest town or city street address of well if located within city?
54 Hwy west of Cullison To NW 130th Ave. North 2 1/2 miles To Dead end

2 WATER WELL OWNER: <u>JEFF SLADE</u>	<u>AT House</u>
RR #, St. Address, Box #: <u>10285 NW 130th Ave.</u>	Board of Agriculture, Division of Water Resources
City, State, ZIP Code: <u>Pratt, KS 67124</u>	Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL <u>71</u> ft. WELL'S STATIC WATER LEVEL <u>66</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No</p>	<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering	<input type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other
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5 TYPE OF BLANK CASING USED:	
1 Steel	3 RMP (SR)
<input checked="" type="checkbox"/> 2 PVC	4 ABS
5 Wrought	6 Asbestos-Cement
7 Fiberglass	9 Other (Specify below)
8 Concrete Tile
Blank casing diameter <u>6</u> in.	Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much
Casing height above or below land surface <u>48</u> in.	

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other	
Grout Plug Intervals: From <u>4</u> ft. to <u>71</u> ft.,	From ft. to ft., From to
What is the nearest source of possible contamination:	
<input checked="" type="checkbox"/> 1 Septic tank	6 Seepage pit
<input type="checkbox"/> 2 Sewer lines	7 Pit privy
<input type="checkbox"/> 3 Watertight sewer lines	8 Sewage lagoon
<input checked="" type="checkbox"/> 4 Lateral lines	9 Feedyard
<input type="checkbox"/> 5 Cess pool	10 Livestock pens
	11 Fuel storage
	12 Fertilizer storage
	13 Insecticide storage
	14 Abandoned water well
	15 Oil well/Gas well
	16 Other (specify below)
Direction from well? <u>South</u>	How many feet? <u>300 ft</u>

FROM	TO	PLUGGING MATERIALS
<u>4</u>	<u>71</u>	<u>Bentonite</u>
<u>4</u>	<u>0</u>	<u>Cement</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6-16-16</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>672</u> This Water Well Record was completed on (mo/day/year) <u>6-24-16</u> under the business name of <u>Claudia's Water Well Serv.</u> by (signature) <u>[Signature]</u>
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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, 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.