

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Kiowa</u>	$\frac{1}{4}$ <u>NC</u> W $\frac{1}{2}$ E	<u>33</u>	<u>27</u>	<u>20</u> E/W

Distance and direction from nearest town or city street address of well if located within city?
1 3/4 West, 4 North of Mullinville

2	WATER WELL OWNER:	Pleasant Valley Farms RR 1 Box 149 Mullinville, Ks. 67109	Board of Agriculture, Division of Water Resources Application Number: <u>2791</u>
	RR #, St. Address, Box #: City, State, ZIP Code :		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>88</u> ft. WELL'S STATIC WATER LEVEL <u>56</u> ft. WELL WAS USED AS: 1 Domestic <u>2 Irrigation</u> 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other
		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>HTH</u> No	

5	TYPE OF BLANK CASING USED:
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter <u>16</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much Casing height <u>above</u> or below land surface <u>18</u> in.

6	GROUT PLUG MATERIAL:	1 Neat cement	2 <u>Cement grout</u>	3 Bentonite	4 Other
	Grout Plug Intervals:	From XX <u>56</u> ft.	to <u>0</u> ft.,	From ft.	to ft., From to
	What is the nearest source of possible contamination:				
	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	
	2 Sewer lines	7 Pit privy	12 Fertilizer storage <u>None</u>	
	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?				

FROM	TO	PLUGGING MATERIALS
88	56	Chlorinated gravel
56	0	Cement

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5-16-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/year) <u>6-10-08</u> under the business name of <u>Rosencrantz - Bemis</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.