

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>KIOWA</u>	<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>21</u>	<u>28 S</u>	<u>17 W</u>

Distance and direction from nearest town or city street address of well if located within city? 4 miles WEST OF HAVILAND, KS 2 miles S. of Hwy 54 1/4 mile W. *North INTO WELL*

2 WATER WELL OWNER: ROYCE FRAIZER

RR#, St. Address, Box #: RT 2 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: HAVILAND KS 67059 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

	N	W		N	E
W					E
	S	W		S	E
			X		

S

4 DEPTH OF WELL.....110'.....ft.  
 WELL'S STATIC WATER LEVEL.....50'.....ft.

WELL WAS USED AS:

<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 Lawn and Garden Only	11 Injection Well
<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes.....No....  
 If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... No.....

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter.....3.....in. Was casing pulled? Yes..... No.... If yes, how much.....  
 Casing height above or below land surface....6 FT.....in.

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

Grout Plug Intervals: From 110 ft. to 204 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 checked="" 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	<u>Field Run off</u>
<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>110'</u>	<u>4'</u>	<u>NEAT CEMENT</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....6-1-01.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..665..... This Water Well Record was completed on (mo/day/year) ..6-12-01.... under the business name of PLATT WELL SURFACE ENR......  
 by (signature) Jesse E. Egan.....

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.