

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Kiowa</u>	<u>SW¹/₄ SW¹/₄ SW¹/₄</u>	<u>15</u>	<u>28</u>	<u>17</u> EAM

Distance and direction from nearest town or city street address of well if located within city?

4 W of Haviland, 3/4 mile South, East into

2 WATER WELL OWNER: <u>Kendall Lothman</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>RR</u>	Application Number:
City, State, ZIP Code: <u>Haviland KS 67059</u>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>123</u> ft.
	WELL'S STATIC WATER LEVEL <u>118</u> ft.
	WELL WAS USED AS: <input checked="" type="radio"/> Domestic 5 Public Water Supply 9 Dewatering <input type="radio"/> Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="radio"/> Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="radio"/> Industrial 8 Air Conditioning 12 Other
	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

5 TYPE OF BLANK CASING USED:	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="radio"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
Blank casing diameter <u>4</u> in.	Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much
Casing height above or below land surface <u>40</u> in.	

6 GROUT PLUG MATERIAL:	1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other
Grout Plug Intervals: From <u>123</u> ft. to <u>3</u> ft.,	From ft. to ft., From to ft.
What is the nearest source of possible contamination:	
<input checked="" type="radio"/> Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <input checked="" type="radio"/> Sewer lines 7 Pit privy 12 Fertilizer storage 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? <u>East</u>	How many feet? <u>200 ft</u>

FROM	TO	PLUGGING MATERIALS
<u>123</u>	<u>3</u>	<u>Bentonite</u>
<u>3</u>	<u>0</u>	<u>Clay</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-15-09</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>4-17-09</u> under the business name of <u>Chaudis Water Well Service</u> by (signature)
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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.