

1 LOCATION OF WATER WELL: Fraction **SE 1/4 SE 1/4 SE 1/4** Section Number **4** Township Number **T 28 S** Range Number **R 18 EW**  
 County: **KIOWA**  
 Distance and direction from nearest town or city street address of well if located within city?

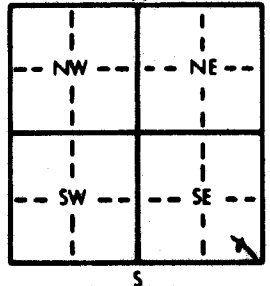
**N. GREENSBURG KANSAS**

2 WATER WELL OWNER: **Evelyn White** Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box #: \_\_\_\_\_ Application Number: \_\_\_\_\_  
 City, State, ZIP Code: **Greensburg Kansas 67054**

**PLUGGING**

**REPORT**

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



4 DEPTH OF COMPLETED WELL: **82** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1. \_\_\_\_\_ ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **69** ft. below land surface measured on **mo/day/yr 10/2/07**  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield \_\_\_\_\_ gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    12 Other (Specify below)  
 2 Irrigation    4 Industrial    7 Lawn and garden only    10 Observation well  
 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:  
 1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded \_\_\_\_\_  
 7 Fiberglass    Threaded \_\_\_\_\_  
 Blank casing diameter **.6** in. to **.72** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **5 feet below** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. \_\_\_\_\_

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    11 Other (specify) \_\_\_\_\_  
 2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot    3 Mill slot    5 Gauzed wrapped    8 Saw cut    11 None (open hole)  
 2 Louvered shutter    4 Key punched     7 Torch cut    9 Drilled holes    10 Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From **.72** ft. to **82** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:  1 Neat cement     2 Cement grout     3 Bentonite     4 Other \_\_\_\_\_  
 Grout intervals: From **.69** ft. to **5** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank    4 Lateral lines    7 Pit privy    10 Livestock pens    14 Abandoned water well  
 2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    15 Oil well/Gas well  
 3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below) **none**  
 13 Insecticide storage

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
<b>82</b>	<b>69</b>	<b>Sand &amp; Gravel Fill</b>			
<b>69</b>	<b>5</b>	<b>Bentonite</b>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **10/2/07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **224** This Water Well Record was completed on (mo/day/yr) **10/2/07** under the business name of **Carl Hayse Water Well Service** by (signature) **Carl Hayse**  
 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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EW  
SEC  
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1/4  
1/4