

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>Sengwicz</u>	<u>NW 1/4 NW 1/4 1/4</u>	<u>NW 7</u>	<u>28S</u>	<u>3W</u> E/W

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

2	WATER WELL OWNER:	<u>Robert H Chesney, P.O. Box 455 Needles CA 92363-0455</u>	
	RR #, St. Address, Box #:	<u>Farmers National Company</u>	
	City, State, ZIP Code :	<u>Ken Springer, Agent</u>	
		Board of Agriculture, Division of Water Resources Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ft: <u>30-20'</u>
			WELL'S STATIC WATER LEVEL ft.
			WELL WAS USED AS:
			☒ 1 Domestic ☐ 2 Irrigation ☐ 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>X</u> No

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

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	☒ 3 Bentonite	4 Other <u>Dirt</u>
	Grout Plug Intervals:	<u>3</u> From <u>25</u> ft. to <u>20</u> ft.,	<u>1</u> From <u>20</u> ft. to <u>18</u> ft.,	<u>Dirt</u> From <u>18</u> ft. to <u>1</u> ft.	
	What is the nearest source of possible contamination:	<u>0-4' - Cement</u>			
	☐ 1 Septic tank ☐ 2 Sewer lines ☐ 3 Watertight sewer lines ☐ 4 Lateral lines ☐ 5 Cess pool ☐ 6 Seepage pit ☐ 7 Pit privy ☐ 8 Sewage lagoon ☐ 9 Feedyard ☐ 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>3/8 mile South</u>			

FROM	TO	PLUGGING MATERIALS
0	1	Cement Plug/Cap
1	20	Dirt
20	24	Cement Plug
25	27	Bentonite
28	30	Band -
		Water Chlorine treated

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>April 21, 2004</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of 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.