| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
|--|---|--|--|----------------|
| | | | 77 | Range Number |
| Distance and dispation from pages term as situ at part address of well if leasted within situ? | | | | |
| 9 MILES NORTH, 21/2 MILES FAST, Y2 NORTH OF XOF HIGHWAY 56483 | | | | |
| WATER WELL OWNER: HV. TUCKER LIVING TRUST AT SUBLETTE, KS | | | | |
| 2 WATER WELL OWNER: HV. Tucker LIVING TRUST AT SUBLETTE, KS RR#, St. Address, Box #: 1360 N WALNOT ST. City, State, ZIP Code in Places of KS. REPLACE TO STEEL TO ST. AND LITTLE SOLUTION WITH A STATE OF THE SOLUTION ST. AND LITTLE SOLUTION ST. AND LITTL | | | | |
| AN HUM AN SECTION BOY. | | | | |
| WELL'S STATIC WATER LEVEL | | | | |
| | WELL WAS USED AS: | | | |
| W X NE | 1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial | | Supply 10 Monitorin Only 11 Injection | g Well Well |
| S'E Was a chemical/bacteriological sample submitted to Department? YesNo,X. If yes, mo/day/yr sample was submitted | | | | |
| Water Well Disinfected: Yes. X No | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | |
| Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | |
| Blank casing diameter. \mathcal{K} in. Was casing pulled? Yes No. \mathcal{K} If yes, how muchin. | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | |
| Grout Plug Intervals: From 3.9.ft. to 211.ft., From 23.ft. to | | | | |
| What is the nearest source of possible contamination: | | | | |
| 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool | 9 Feedyard 10 Livestock pens | 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well Gas well | ge gge gell | ecify below) |
| Direction from well? | | | | |
| FROM TO PLUGGING MATERIALS | | | | |
| 520 230 SAND | + GRAVEL (14 Xd | <u> </u> | | |
| 230 211 CEME | AT (lauxal) | | | |
| 211 23 CLAY | 5 (2620 UBIC FT | | | |
| 23 4 CEA | ENT (ICHO | | | |
| 4 0 Tup | SurL | | | |
| • | | _ | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | |
| 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: 913/296-3565. Send one to Water Well Owner and retain one for your records. | | | | |