

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Haskell</u>	<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>13</u>		<u>28</u>		<u>32</u>	

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

8 Miles North & 3 Miles East of Sublette

2	WATER WELL OWNER: <u>Virginia Williams</u>
	RR #, St. Address, Box #: _____ City, State, ZIP Code: _____
	Board of Agriculture, Division of Water Resources Application Number: _____

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>195</u> ft				
	<div style="text-align: center;">N</div> <table border="1"> <tr> <td>NW</td> <td>NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> <div style="text-align: center;">S</div>	NW	NE	SW	SE		WELL'S STATIC WATER LEVEL <u>Dry</u> ft.
NW	NE						
SW	SE						
			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 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> 4 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:
	<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 <u>3</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much
	Casing height above or below land surface <u>6.0</u> in.

6	GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
	Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft.
	What is the nearest source of possible contamination:
	<input checked="" type="checkbox"/> 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines 7 Pit privy 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines 9 Feedyard 14 Abandoned water well <input type="checkbox"/> 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well
	Direction from well? <u>South</u> How many feet? <u>50</u>

FROM	TO	PLUGGING MATERIALS
195	8	Clay Subsoil
8	5	Cement
5	-	Cut off Casing & Backfill

RECEIVED

OCT 28 2004

BUREAU OF WATER

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2-28-04</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) <u>2-27-04</u> under the business name of <u>Southwest Windmills</u> by (signature) <u>David L. Linn</u>
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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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.