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|---------|-------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: | <i>Haskell</i> | <i>SW 1/4 NW 1/4 NW 1/4</i> | <i>12</i> | <i>285</i> | <i>32W</i> |

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

| | |
|---------------------------|--|
| 2 | WATER WELL OWNER: <i>Jones Koehn Family Trust</i> |
| RR #, St. Address, Box #: | <i>Box 60A</i> |
| City, State, ZIP Code: | <i>Sublette, KS 67877</i> |
| | Board of Agriculture, Division of Water Resources Application Number: |

| | | | | | | | | | | | | | |
|--|--|--|--|------------|-----------------------|--------------|--|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <i>432</i> ft. | | | | | | | | | | |
| | | WELL'S STATIC WATER LEVEL <i>302</i> ft. | | | | | | | | | | | |
| | | WELL WAS USED AS: | | | | | | | | | | | |
| | | <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> | | 1 Domestic | 5 Public Water Supply | 9 Dewatering | <input checked="" type="checkbox"/> 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial |
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| 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | |
| Was a chemical / bacteriological sample submitted to Department? Yes No <i>X</i> | | | | | | | | | | | | | |
| If yes, mo/day/yr sample was submitted | | | | | | | | | | | | | |
| Water Well Disinfected: Yes <i>X</i> No | | | | | | | | | | | | | |

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| 5 | TYPE OF BLANK CASING USED: |
| <input checked="" type="checkbox"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | |
| Blank casing diameter <i>16</i> in. Was casing pulled? Yes No <i>X</i> If yes, how much | |
| Casing height above or below land surface in. | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------|--------------------------|-----------------|--------------------------|---------------|-------------|-----------------------|--|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|
| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other | | | | | | | | | | | | | | | | | | | | |
| Grout Plug Intervals: From <i>7</i> ft. to <i>4</i> ft., From ft. to ft., From to ft. | | | | | | | | | | | | | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | | |
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| Direction from well? How many feet? | | | | | | | | | | | | | | | | | | | | | |

| FROM | TO | PLUGGING MATERIALS |
|------------|------------|--------------------|
| <i>432</i> | <i>300</i> | <i>Gravel</i> |
| <i>300</i> | <i>7'</i> | <i>Clay dirt</i> |
| <i>7'</i> | <i>4'</i> | <i>Bentonite</i> |
| <i>4'</i> | <i>0'</i> | <i>Dirt</i> |
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| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>5-25-04</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>5-25-04</i> under the business name of <i>Emergency Kops</i> by (signature) <i>Jones Koehn Family Trust</i> This Water Well Record was completed on (mo/day/year) <i>5-25-04</i> by (signature) <i>Emery Koehn</i> |
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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.