

1	LOCATION OF WATER WELL: County: <u>Haskell</u>	Fraction <u>NW NW SW</u> <u>SW 1/4 NW 1/4 SW 1/4</u>	Section Number <u>16</u>	Township Number <u>28</u>	Range Number <u>33</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>9 miles North & 3 miles West of Sublette</u>																													
2	WATER WELL OWNER: <u>Brown Enterprises</u> <u>90 Rex Brown</u> RR #, St. Address, Box #: <u>HCI, Box 4</u> City, State, ZIP Code : <u>Sublette, KS 67877</u> Board of Agriculture, Division of Water Resources Application Number: _____																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">N W X S</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> </table> <div style="text-align: center; margin-left: 10px;">E</div> </div>								NW		NE	SW		SE															
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4	DEPTH OF WELL <u>500</u> ft WELL'S STATIC WATER LEVEL <u>375</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic <input checked="" type="checkbox"/> Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div> 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: <input checked="" type="radio"/> 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 <u>16</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much Casing height above or below land surface <u>36</u> in.																												
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite 4 Other Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon <input checked="" type="radio"/> Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div> Direction from well? <u>North</u> How many feet? <u>1500</u>																												
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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) <u>9-20-00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>9-26-00</u> under the business name of <u>Southwest Windmill</u> This Water Well Record was completed on (mo/day/year) by (signature) <u>Dave Linn</u>																												
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.																													