1 LOCATIO	N OF WATER WELL:	fraction to es	Section Number	Township Number	Range Number	
_ County:	Heskell	1/4/E1/4 / Price	28	28	33	
Distance and direction from nearest town or city street address of Hell if Located within city?						
6 Miles North & 4 Miles West of Sublette 2 Water Well Owner: JD Trimpa Farms						
RR#, St. Address, Box #: 80x 677 Board of Agriculture, Division of Water Resources						
City, State, ZIP Code: Staffford, TX 6907/ Application Number:						
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N DEPTH OF WELL						
WELL'S STATIC WATER LEVEL						
N W N E Domestic 5 Public Water Supply 9 Dewatering						
	2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well					
E 4 Industrial 8 Air Conditioning 12 Other						
S Was a chemical/bacteriological sample submitted to Department? YesNo.X						
If yes, mo/day/yr sample was submitted						
Water Well Disinfected: Yes No						
5 TYPE OF BLANK CASING USED:						
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						
Casing height above or below land surfacein.						
6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 2 Sewer lines 7 Pit privy			11 Fuel storage 12 Fertilizer stora	ge	ecify below)	
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well						
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? Worth How many feet? 50						
The colon from wetter the same and the same						
FROM	TO P	LUGGING MATERIALS				
150	6 Clay	1 [5 ub soil		_		
6	3 Cem		*	RECEIN	/ED	
	- Cut	of Casing a		OCT 2 8	2004	
				BUREAU OF V	VATER	
	·					
on (mo/day/year)						
Water Well Contractor's License No						
by (signature)						

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.