

1	LOCATION OF WATER WELL: County: <u>Kingman (048)</u>	Fraction <u>N 1/4 NW 1/4 NW 1/4</u>	Section Number <u>1</u>	Township Number <u>28S</u>	Range Number <u>9W</u>
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Distance and direction from nearest town or city street address of well if located within city:
7 mi. West of Kingman on US-54 (KDOT Rest Area Site)

2	WATER WELL OWNER: RR#, St. Address, Box #: City, State, ZIP Code :	<u>KANSAS Dept. of Transportation</u> <u>500 N. Hendricks</u> <u>Hutchinson, Ks. 67501</u>	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S	4	DEPTH OF WELL..... <u>39</u>ft. WELL'S STATIC WATER LEVEL... <u>10</u>ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic <input checked="" type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Lawn and Garden Only <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other: <u>Wash down Rest Area Comfort Station.</u> 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.....
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5	TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below)	Blank casing diameter... <u>6</u> " in. Casing height above below land surface... <u>48</u> " in.	Was casing pulled? Yes..... No. <input checked="" type="checkbox"/> ... If yes, how much.....
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other.....	GROUT PLUG INTERVALS: From... <u>4</u> ..ft. to... <u>7</u> ..ft., From... <u>10</u> ..ft. to... <u>7</u> ..ft., From..... to.....ft.	What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard <input checked="" type="checkbox"/> 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
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FROM	TO	PLUGGING MATERIALS
39	10	clean sand
10	7	Bentonite clay
7	4	Cement Grout
4	0	Surface Clay

Direction from well? ...South..... How many feet? ...50'.....
* Pasture for Buffalo.

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-17-95</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>8-30-95</u> under the business name of <u>Kansas Department of Transportation</u> by (signature) <u>Gregory J. Kaeppeler</u> Area Maint. Supt. P.O. Box 340, Anthony, Ks. 67003..
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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: 913/296-3565. Send one to Water Well Owner and retain one for your records.