

|   |                         |                             |                |                 |              |
|---|-------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number |
|   | County: <b>PRATT</b>    | <b>NW 1/4 NW 1/4 NW 1/4</b> | <b>30</b>      | <b>29S</b>      | <b>12W</b>   |

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

**CENTER OF INTERSECTION OF US-281 AND ROBINSON AVE. IN SAWYER**2 WATER WELL OWNER: **UNKNOWN, PLUGGED SINCE 1927-30**

New Owner: Kansas Dept. of Transportation

RR#, St. Address, Box #: **Docking Building**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Topeka, KS 66612**

Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

|          |     |  |     |
|----------|-----|--|-----|
| <b>X</b> |     |  |     |
|          | N W |  | N E |
|          |     |  |     |
| W        |     |  | E   |
|          |     |  |     |
|          | S W |  | S E |
|          |     |  |     |
|          |     |  |     |

S

4 DEPTH OF WELL...**unknown**.....ft.WELL'S STATIC WATER LEVEL...**unknown**...ft.WELL WAS USED AS: **1**

- |              |                          |                    |
|--------------|--------------------------|--------------------|
| 1 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  |
| 4 Industrial | 8 Air Conditioning       | 12 Other.....      |

Was a chemical/bacteriological sample submitted to Department? Yes....No.**X**.  
If yes, mo/day/yr sample was submitted.....Water Well Disinfected: Yes.**X**.... 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.....in. Was casing pulled? Yes..... No..... If yes, how much.....  
Casing height above or below land surface.....in.6 GROUT PLUG MATERIAL: ① Neat cement 2 Cement grout 3 Bentonite 4 Other...**SAND**.....

Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to .....ft., From..... to.....ft.

See explanation below.

What is the nearest source of possible contamination:

- |                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel storage         | ①⑥ Other (specify below) |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   |                          |
| ③ Watertight sewer lines | 8 Sewage lagoon   | 13 Insecticide storage  |                          |
| 4 Lateral lines          | 9 Feedyard        | 14 Abandoned water well | <b>GAS SERVICE LINE</b>  |
| 5 Cess Pool              | 10 Livestock pens | 15 Oil well/Gas well    |                          |

Direction from well? ..**NORTH**.....How many feet? ..**15'..TO..20'**.....

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |

**DUG 6 FEET BELOW DIRT GRADE. OLD WELL CAPPED WITH CONCRETE COLUMN SURROUNDING 4" STEEL PIPE FILLED WITH CLEAN SAND. 2 FEET REMOVED FROM TOP OF CONCRETE COLUMN AND PIPE CUT OFF (CLEAN SAND AT THIS POINT INSIDE PIPE) AND NEW CONCRETE CAP PLACED ON TOP OF EXISTING LOWERED PIPE.**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **Sept. 29, 1997** 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) ..... under the business name of **Kansas Dept. of Transportation** by (signature) ..**Kevin E. Adams, Environmental Geologist**.....

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.