

1	LOCATION OF WATER WELL: County: <u>Kiowa</u>	Fraction <u>SW</u> $\frac{1}{4}$ $\frac{1}{4}$	Section Number 21 <u>15</u>	Township Number <u>9</u> <u>29</u>	Range Number <u>19 W</u>
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Distance and direction from nearest town or city street address of well if located within city?
5.5 miles west, 6.0 miles south of Greensburg, KS

2	WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code :	<u>Dolores M. Miller</u> <u>RR #1 Box 17</u> <u>Greensburg, KS 67054</u>	Board of Agriculture, Division of Water Resources Application Number:
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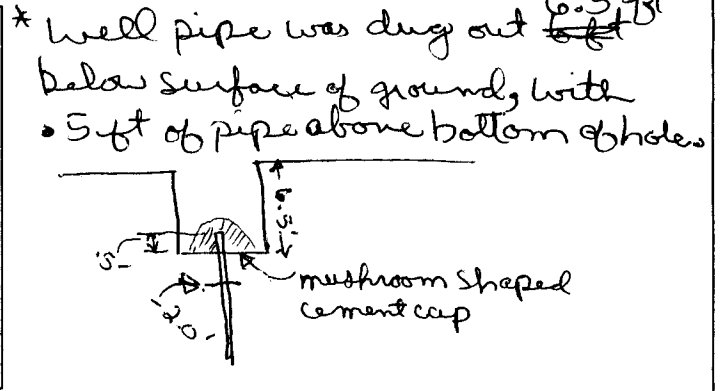
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:								
<table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="2">N</td></tr> <tr><td>NW</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td></tr> <tr><td colspan="2">S</td></tr> </table> <p style="text-align: center;">X</p>		N		NW	NE	SW	SE	S	
N									
NW	NE								
SW	SE								
S									

4	DEPTH OF WELL <u>est. 220</u> ft	* well pipe was not clear due to sediments and rotting well rod.
	WELL'S STATIC WATER LEVEL <u>est 155</u> ft.	irrigation well approx 200' south of site is 220' deep with static water at 155'.
	WELL WAS USED AS:	
	<input checked="" type="checkbox"/> 1 Domestic <input 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 Domestic (Lawn & Garden) <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	
	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	

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

6	GROUT PLUG MATERIAL:
	<input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other Grout Plug Intervals: From <u>2.0</u> ft. to <u>0.0</u> ft. From <u>0.0</u> ft. to <u>0.75</u> ft. From to ft. What is the nearest source of possible contamination: <u>bentonite gravel</u> <u>mushroom cement plug</u>
	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 <input checked="" type="checkbox"/> 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well
	Direction from well? <u>East SE</u> How many feet? <u>1/2 mile</u>

FROM	TO	PLUGGING MATERIALS
<u>2.0 ft</u>	<u>0.0 ft</u>	<u>bentonite hole plug</u>
<u>0.0 ft</u>	<u>0.75 ft</u>	<u>cement mushroom plug</u>



7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5-15-03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>NA</u> This Water Well Record was completed on (mo/day/year) <u>6-2-03</u> under the business name of <u>Charles Miller</u> by (signature) <u>Charles Miller</u>
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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.