

CORRECTED

67867

1	LOCATION OF WATER WELL	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Gray</u>	<u>N 1/2 NW 1/4 NW 1/4</u>	<u>18</u>	<u>29</u>	<u>28</u>			

Distance and direction from nearest town or city street address of well if located within city?
From Montezuma 5 miles South on K-3 Rd to 68th St then to east

2	WATER WELL OWNER: <u>Brent L. Kbelin</u> <u>Sold to - Mike Miller</u> RR #, St. Address, Box #: <u>4020 13th Rd</u> City, State, ZIP Code: <u>Montezuma, KS 66867</u>	Board of Agriculture, Division of Water Resources Application Number: <u>67867</u>
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>106</u> ft. WELL'S STATIC WATER LEVEL <u>Mon to Dry 2 um, K.S.</u> ft. 67867 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
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Was a chemical / bacteriological sample submitted to Department? Yes No
If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No X

5	TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> 1 Steel <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete Tile <input type="checkbox"/> 9 Other (Specify below) Blank casing diameter <u>6</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much Casing height above or below land surface in.
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6	GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other Grout Plug Intervals: From <u>10</u> ft. to <u>6</u> ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess Pool <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well Direction from well? How many feet? <u>1</u>
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FROM	TO	PLUGGING MATERIALS
<u>106</u>	<u>10</u>	<u>sand</u>
<u>10</u>	<u>6</u>	<u>Bentonite</u>
<u>cut off at 6'</u>		

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4/6/05</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) under the business name of by (signature) <u>Brent L. Kbelin</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.

2071

RECEIVED
APR 18 2005
BUREAU OF WATER