

|   |  |  |  |  |  |                        |
|---|--|--|--|--|--|------------------------|
| 1   | LOCATION OF WATER WELL:<br>County: <i>Gray</i>   | Fraction<br><i>NW NW NW</i><br><i>1/4 1/4 1/4</i>                                  | Section Number<br><i>10</i>  | Township Number<br><i>29</i>   | Range Number<br><i>29</i>  | EW                     |
| Distance and direction from nearest town or city street address of well if located within city?<br><i>Well located at address.</i>  |  |  |  |  |  |                        |
| 2   | WATER WELL OWNER:<br>RR #, St. Address, Box #: <i>Homeland Church</i><br>City, State, ZIP Code : <i>10005 FS Rd. Monteurna, KS 67867</i>   | Board of Agriculture, Division of Water Resources<br>Application Number:           |  |  |  |                        |
| 3   | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><br>   | 4  | DEPTH OF WELL ..... <i>156</i> ft.   |  |  |                        |
|   |  |  | WELL'S STATIC WATER LEVEL ..... <i>142</i> ft.   |  |  |                        |
|   |  |  | WELL WAS USED AS:  |  |  |                        |
|   |  |  | <input checked="" type="checkbox"/> 1 Domestic<br>2 Irrigation<br>3 Feedlot<br>4 Industrial  | <input type="checkbox"/> 5 Public Water Supply<br>6 Oil Field Water Supply<br>7 Domestic (Lawn & Garden)<br>8 Air Conditioning | <input type="checkbox"/> 9 Dewatering<br>10 Monitoring Well<br>11 Injection Well<br>12 Other ..... |                        |
|   |  |  | Was a chemical / bacteriological sample submitted to Department? Yes ..... <i>No</i> .....<br>If yes, mo/day/yr sample was submitted ..... |  |  |                        |
|   |  |  | Water Well Disinfected: Yes <i>X</i> ..... No .....  |  |  |                        |
| 5   | TYPE OF BLANK CASING USED:   |  |  |  |  |                        |
|   | <input checked="" type="checkbox"/> 1 Steel<br>2 PVC   | 3 RMP (SR)<br>4 ABS  | 5 Wrought<br>6 Asbestos-Cement   | 7 Fiberglass<br>8 Concrete Tile  | 9 Other (Specify below)  |                        |
|   | Blank casing diameter ..... <i>16</i> in.  |  | Was casing pulled?   | Yes .....  | No <i>X</i> .....  | If yes, how much ..... |
|   | Casing height above or below land surface .....  |  | in.  |  |  |                        |
| 6   | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other .....  |  |  |  |  |                        |
|   | Grout Plug Intervals: From ..... <i>5</i> ft. to ..... <i>8</i> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  |  |  |  |  |                        |
|   | What is the nearest source of possible contamination:  |  |  |  |  |                        |
|   | 1 Septic tank<br>2 Sewer lines<br>3 Watertight sewer lines<br>4 Lateral lines<br>5 Cess pool   | 6 Seepage pit<br>7 Pit privy<br>8 Sewage lagoon<br>9 Feedyard<br>10 Livestock pens | 11 Fuel storage<br>12 Fertilizer storage<br>13 Insecticide storage<br>14 Abandoned water well<br>15 Oil well/Gas well                      | 16 Other (specify below)<br><i>None observed</i>   |  |                        |
|   | Direction from well? ..... How many feet? .....  |  |  |  |  |                        |
|   | FROM   | TO   | PLUGGING MATERIALS   |  |  |                        |
|   | <i>5</i>   | <i>8</i>   | <i>Bentonite chips</i>   |  |  |                        |
|   | <i>8</i>   | <i>142</i>   | <i>Compacted clays</i>   |  |  |                        |
|   | <i>142</i>   | <i>156</i>   | <i>Chlorinated sand</i>  |  |  |                        |
| 7   | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <i>9/29/11</i> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... <i>583</i> ..... This Water Well Record was completed on (mo/day/year) ..... <i>9/24/12</i> ..... under the business name of ..... <i>Antecor Water Well</i> ..... by (signature) ..... <i>[Signature]</i> |  |  |  |  |                        |
| 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. |  |  |  |  |  |                        |