

1 LOCATION OF WATER WELL: County: <u>Gray</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>7</u>	Township Number <u>29</u>	Range Number <u>30</u>																											
Distance and direction from nearest town or city street address of well if located within city?																															
2 WATER WELL OWNER: <u>Curtis J. Koehn</u> RR#, St. Address, Box #: <u>303 Tice St.</u> City, State, ZIP Code: <u>Copeland, KS. 67837</u> Board of Agriculture, Division of Water Resources Application Number:																															
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td colspan="2">W</td><td colspan="2">E</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> <tr><td colspan="2">S</td><td colspan="2"></td></tr> </table> S	N W		N E		W		E		S W		S E		S				4 DEPTH OF WELL.....ft. WELL'S STATIC WATER LEVEL.....ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><u>2 Irrigation</u></td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes... <u>No</u> ... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: <u>Yes</u> No.....	1 Domestic	5 Public Water Supply	9 Dewatering	<u>2 Irrigation</u>	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.....		
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td><u>1 Steel</u></td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter... <u>16</u>in. Was casing pulled? Yes..... <u>No</u> If yes, how much..... Casing height above or below land surface.....in.					<u>1 Steel</u>	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																		
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6 GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other..... Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? How many feet?					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		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well								
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 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>Curtis J. Koehn</u> <u>Jan 1993</u>																															
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly and print clearly.</u> 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.																															