

1	LOCATION OF WATER WELL:	Fraction ^(dr) NW SW SE SE 1/4 SW 1/4 SE 1/4	Section Number 12	Township Number 29	Range Number 31
County: <u>Haske</u>					

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

9 Miles East and 3 Miles North of Sublette

2	WATER WELL OWNER: <u>Garetson Bros</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>2394 120th Rd</u>		Application Number:
City, State, ZIP Code: <u>Cape Land, KS 67837-9645</u>		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>300</u> ft												
		WELL'S STATIC WATER LEVEL <u>275</u> ft.													
WELL WAS USED AS:															
<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>															
If yes, mo/day/yr sample was submitted															
Water Well Disinfected: Yes <u>X</u> No															

5	TYPE OF BLANK CASING USED:			
<input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter <u>16</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much				
Casing height above or below land surface <u>60</u> in.				

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other															
Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft.																				
What is the nearest source of possible contamination:																				
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Direction from well? <u>West</u> How many feet? <u>1000</u>																				

FROM	TO	PLUGGING MATERIALS
300	275	Chlorinated Sand
275	10	Clay/ Subsoil
10	5	Bentonite
5	-	Cut-off Casing & Backfill

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-11-00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>10-17-00</u> under the business name of <u>Southwest W/In/MI/LL</u> This Water Well Record was completed on (mo/day/year) <u>10-17-00</u> by (signature) <u>Marv Evans</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.