

1	LOCATION OF WATER WELL: County: <u>Haskell</u>	Fraction <u>SW SW NW</u> <u>1/4 1/4</u>	Section Number <u>2</u>	Township Number <u>29</u>	Range Number <u>33</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>6 miles North and 1 mile West of Sublette</u>																													
2	WATER WELL OWNER: <u>Brown Enterprises</u> <u>% Rex Brown</u> RR #, St. Address, Box #: <u>HCI, Box 4</u> City, State, ZIP Code : <u>Sublette, KS 67877</u> Board of Agriculture, Division of Water Resources Application Number: _____																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">N W X S</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>SE</td><td></td><td>SW</td></tr> </table> <div style="text-align: center; margin-left: 10px;">E</div> </div>								NW		NE	SE		SW															
NW		NE																											
SE		SW																											
4	DEPTH OF WELL <u>560</u> ft WELL'S STATIC WATER LEVEL <u>380</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic <input checked="" type="checkbox"/> 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div> 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) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <u>16</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface <u>36</u> in.																												
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 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: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well <input checked="" type="checkbox"/> 15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div> Direction from well? <u>East</u> How many feet? <u>1000</u>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>560</u></td> <td><u>380</u></td> <td><u>Chlorinated Sand</u></td> </tr> <tr> <td><u>380</u></td> <td><u>6</u></td> <td><u>Clay / Subsoil</u></td> </tr> <tr> <td><u>6</u></td> <td><u>3</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>3</u></td> <td><u>-</u></td> <td><u>Cut-off casing & Backfill</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>560</u>	<u>380</u>	<u>Chlorinated Sand</u>	<u>380</u>	<u>6</u>	<u>Clay / Subsoil</u>	<u>6</u>	<u>3</u>	<u>Bentonite</u>	<u>3</u>	<u>-</u>	<u>Cut-off casing & Backfill</u>									
FROM	TO	PLUGGING MATERIALS																											
<u>560</u>	<u>380</u>	<u>Chlorinated Sand</u>																											
<u>380</u>	<u>6</u>	<u>Clay / Subsoil</u>																											
<u>6</u>	<u>3</u>	<u>Bentonite</u>																											
<u>3</u>	<u>-</u>	<u>Cut-off casing & Backfill</u>																											
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9-20-00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>9-26-00</u> under the business name of <u>Southwest Windmills</u> This Water Well Record was completed on (mo/day/year) <u>9-26-00</u> by (signature) <u>Dave Brown</u>																												
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.																													