

1 LOCATION OF WATER WELL: County: <u>Norton</u>	Fraction <u>1/4 SW 1/4 NW 1/4</u>	Section Number <u>18</u>	Township Number <u>2</u>	Range Number <u>24</u> <span style="float:right; border: 1px solid black; border-radius: 50%; padding: 2px;">EAW</span>
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Distance and direction from nearest town or city street address of well if located within city?  
10 miles west, 3 miles North of Norton

2 WATER WELL OWNER: <u>Irene Fricbus</u> RR #, St. Address, Box #: <u>565 W. Limestone Rd.</u> City, State, ZIP Code : <u>Phillipsburg, KS 67661</u>	Board of Agriculture, Division of Water Resources Application Number: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
	NW		NE
W		X	
	SW		SE
S			

4 DEPTH OF WELL ..... 125 ..... ft.  
WELL'S STATIC WATER LEVEL ..... 123 ..... ft.

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other .....

Was a chemical / bacteriological sample submitted to Department? Yes ..... No  .....  
If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes  ..... No .....

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	.....

Blank casing diameter ..... 5 ..... in.      Was casing pulled?    Yes  ..... No .....      If yes, how much ..... 5' .....

Casing height above or below land surface ..... 0 ..... in.

6 GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout       3 Bentonite      4 Other .....

Grout Plug Intervals:      From 120 ft. to 123 ft.,      From 4 ft. to 25 ft.,      From ..... 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 Coss pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	.....

Direction from well? .....      How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	4	Black dirt
4	25	bentonite
25	120	silicas
120	123	bentonite
123	125	Sand

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 11-20-17 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 756 ..... This Water Well Record was completed on (mo/day/year) 12-10-17 ..... under the business name of Gallentine Well Service ..... by (signature) Dary Gallentine .....

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