|   |  | WATER W | VELL PLUGGING RE |  | G-5P                                   | KSA 82a-1212                            |                   |  |
|---|--|---------|------------------|--|--|---|-------------------|--|
| 1 LOCATIO   | N OF WATER                             | WELL:   | Fraction         | 1000                                       | Section Number                         | Township Number                         | Range Number      |  |
| County:   | Head.                                  | e       | HH 14 HH 14      | NE 14                                      | 12                                     | 30                                      | 26 N              |  |
| Distance and direction from nearest town or city street address of well if located within city?  5 N+ 44 E + Fower  |  |         |                  |  |  |   |                   |  |
| 2 WATER WELL OWNER: Elmer Zielle  |  |         |                  |  |  |   |                   |  |
| RR#, St. Address, Box #: City, State, ZIP Code: Fowler KS 67844  Board of Agriculture, Division of Water Resources Application Number:  |  |         |                  |  |  |   |                   |  |
| 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL   |  |         |                  |  |  |   |                   |  |
| AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVELft.   |  |         |                  |  |  |   |                   |  |
| • WELL WAS USED AS:   |  |         |                  |  |  |   |                   |  |
| N   | W                                      | N E     | <b>D</b> Dome    | estic                                      | 5 Public Water Sup                     | pply 9 Dewaterin<br>Supply 10 Monitorin | ng                |  |
|   |  |         | 2 Irri<br>3 Feed | gation<br>Not                              | 6 Oil Field Water<br>7 Lawn and Garden | Supply 10 Monitoring Only 11 Injection  | ng Well<br>n Well |  |
| w   |  |         |                  | strial                                     | 8 Air Conditioning                     |   |                   |  |
| S W S E Was a chemical/bacteriological sample submitted to Department? YesNo  |  |         |                  |  |  |   |                   |  |
|   | If yes, mo/day/yr sample was submitted |         |                  |  |  |   |                   |  |
| <u> </u>  | s                                      |         | Water Well       | Disinfect                                  | ed: Yes No                             | ••••                                    |                   |  |
|   |  |         |                  |  |  |   |                   |  |
| TYPE OF BLANK CASING USED:  |  |         |                  |  |  |   |                   |  |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile 10  |  |         |                  |  |  |   |                   |  |
| Blank casing diameter5in. Was casing pulled? Yes No If yes, how muchin.   |  |         |                  |  |  |   |                   |  |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 6 Bentonite 4 Other   |  |         |                  |  |  |   |                   |  |
| Grout Plug Intervals: From. 10.ft. toft., Fromft. toft., From toft.   |  |         |                  |  |  |   |                   |  |
| What is the nearest source of possible contamination:   |  |         |                  |  |  |   |                   |  |
| Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage  |  |         |                  |  |  |   |                   |  |
| 2 Sewer lines 7 Pit privy 12 Fertilizer storage   |  |         |                  |  |  |   |                   |  |
| 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well   |  |         |                  |  |  |   |                   |  |
| Direction from well?  |  |         |                  |  |  |   |                   |  |
| FROM TO PLUGGING MATERIALS  |  |         |                  |  |  |   |                   |  |
|   |  |         |                  | <u>.                                  </u> |  |   |                   |  |
| 68  | 64                                     | chloria | afed san         | <u> </u>                                   | _                                      |   |                   |  |
| 64  | 10                                     | Camp    | ected soil       | <u> </u>                                   | 4                                      |   |                   |  |
| 10  | 5                                      | bento.  | ite hole         | plug                                       | 4                                      |   |                   |  |
| 5   |  | cut off | casing p         | ut_  | 4                                      |   |                   |  |
|   |  | musk    | come top         | ,  |  |   |                   |  |
|   |  |         | •                |  |  |   |                   |  |
|   |  |         | 7,444            |  |  |   |                   |  |
| 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  |  |         |                  |  |  |   |                   |  |
| by (sig   | gnature) .                             | Ren     | under the bust   | riess name                                 | or <b>GRATIFA</b>                      |   |                   |  |
| 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: 913/296-3565. Send one to Water Well Owner and retain |  |         |                  |  |  |   |                   |  |
| one for your records.   |  |         |                  |  |  |   |                   |  |