

1 LOCATION OF WATER WELL: County: <u>Grant</u>	Fraction <u>SE NW NW</u> NW 1/4 W 1/4 SE 1/4	Section Number <u>13</u>	Township Number <u>30</u>	Range Number <u>35</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>9 M S & 14 M E of Ulysses</u>																															
2 WATER WELL OWNER: <u>Clint Stalker</u> RR #, St. Address, Box #: _____ City, State, ZIP Code : _____																															
Board of Agriculture, Division of Water Resources Application Number: _____																															
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL <u>285</u> ft. WELL'S STATIC WATER LEVEL <u>Dry</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> 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 _____				<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering	<input type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other _____															
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td>1 <u>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><input checked="" type="checkbox"/> 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>5</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>2.6</u> in.					1 <u>Steel</u>	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below) _____	<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	_____																	
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6 GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 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><input checked="" type="checkbox"/> 15 Oil well/Gas well</td> <td>_____</td> </tr> </table> Direction from well? <u>East</u> How many feet? <u>10</u>					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	<input checked="" type="checkbox"/> 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) <u>7-29-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4-19-04</u> This Water Well Record was completed on (mo/day/year) <u>7-29-04</u> under the business name of <u>Southwest Winery</u> by (signature) <u>[Signature]</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.																															

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