

| 1 LOCATION OF WATER WELL:<br>County: <u>Kingman</u>  | Fraction<br><u>NW NW NE</u><br><u>1/4 1/4 1/4</u> | Section Number<br><u>11</u> | Township Number<br><u>30S</u> | Range Number<br><u>R5W</u> |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|--|---|-----------------------------|-------------------------------|----------------------------|----------------------|---------------|--------------------|--------------------------|---------------|-------------|-----------------------|-----------|--------------------------|-----------------|------------------------|-------------|-----------------|------------|-------------------------|--|--|-------------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|------------------------|-------------------|--------------|--------------------|---------------|
| Distance and direction from nearest town or city street address of well if located within city?<br><u>2 E. Norwich</u>   |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 WATER WELL OWNER: <u>Kathleen Van Gieson</u><br>RR#, St. Address, Box #: <u>15487 SE 80</u><br>City, State, ZIP Code : <u>Norwich, KS. 67118</u><br>Board of Agriculture, Division of Water Resources<br>Application Number:   |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N<br><table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"> <tr><td></td><td></td><td>X</td><td></td></tr> <tr><td>— N W</td><td></td><td></td><td>— N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td>— S W</td><td></td><td></td><td>— S E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table><br>S  |   |                             | X                             |                            | — N W                |               |                    | — N E                    | W             |             |                       | E         | — S W                    |                 |                        | — S E       |                 |            |                         |  | 4 DEPTH OF WELL..... <u>36</u> ft.<br>WELL'S STATIC WATER LEVEL..... <u>19</u> ft.<br>WELL WAS USED AS:<br><table style="width:100%;"> <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 Lawn and Garden Only</td><td>11 Injection Well</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes....No <u>X</u> ..<br>If yes, mo/day/yr sample was submitted.....<br>Water Well Disinfected: Yes <u>X</u> ... No..... | 1 Domestic        | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
|  |   | X                           |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| — N W  |   |                             | — N E                         |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| W  |   |                             | E                             |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| — S W  |   |                             | — S E                         |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 1 Domestic   | 5 Public Water Supply                             | 9 Dewatering                |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 Irrigation   | 6 Oil Field Water Supply                          | 10 Monitoring Well          |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 Feedlot  | 7 Lawn and Garden Only                            | 11 Injection Well           |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 4 Industrial   | 8 Air Conditioning                                | 12 Other.....               |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below)<br>2 PVC    4 ABS    6 Asbestos-Cement    8 <u>Concrete Tile</u><br>Blank casing diameter..... <u>8</u> in.    Was casing pulled? Yes <u>X</u> ... No..... If yes, how much... <u>6'</u><br>Casing height above or below land surface..... <u>0</u> in.  |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 <u>Bentonite</u> 4 Other.....<br>Grout Plug Intervals: From... <u>19</u> ft. to... <u>15</u> ft., From.....ft. to .....ft., From..... to.....ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"> <tr><td>1 <u>Septic tank</u></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>15 Oil well/Gas well</td><td></td></tr> </table><br>Direction from well? <u>W</u> How many feet? <u>400</u> |   |                             |                               |                            | 1 <u>Septic tank</u> | 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 | 15 Oil well/Gas well  |              |              |                          |                    |           |                        |                   |              |                    |               |
| 1 <u>Septic tank</u>   | 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                                 | 15 Oil well/Gas well        |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <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>19</u></td> <td><u>26</u></td> <td><u>Sand</u></td> </tr> <tr> <td><u>19</u></td> <td><u>15</u></td> <td><u>Baroid- Hole Plug</u></td> </tr> <tr> <td><u>15</u></td> <td><u>3</u></td> <td><u>Clay</u></td> </tr> <tr> <td><u>3</u></td> <td><u>0</u></td> <td><u>Soil</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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>   |   |                             |                               |                            | FROM                 | TO            | PLUGGING MATERIALS | <u>19</u>                | <u>26</u>     | <u>Sand</u> | <u>19</u>             | <u>15</u> | <u>Baroid- Hole Plug</u> | <u>15</u>       | <u>3</u>               | <u>Clay</u> | <u>3</u>        | <u>0</u>   | <u>Soil</u>             |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| FROM   | TO  | PLUGGING MATERIALS          |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>19</u>  | <u>26</u>   | <u>Sand</u>                 |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>19</u>  | <u>15</u>   | <u>Baroid- Hole Plug</u>    |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>15</u>  | <u>3</u>  | <u>Clay</u>                 |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>3</u>   | <u>0</u>  | <u>Soil</u>                 |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>9-14-95</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>375</u> ..... This water well record was completed on (mo/day/year)..... <u>9-14-95</u> ..... under the business name of ..... <u>Craig Roberts Co.</u> ..... by (signature) ..... <u>Craig Roberts</u> .....   |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly and print clearly.</u> 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.   |   |                             |                               |                            |                      |               |                    |                          |               |             |                       |           |                          |                 |                        |             |                 |            |                         |  |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |