

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: <u>Kingman</u>	<u>SW 1/4 SE 1/4 NE 1/4</u>	<u>18</u>	<u>30</u>	<u>6</u>																				
Distance and direction from nearest town or city street address of well if located within city?																								
2 WATER WELL OWNER: <u>Arnold R. Reida</u>																								
RR#, St. Address, Box #:		Board of Agriculture, Division of Water Resources																						
City, State, ZIP Code: <u>Pago KS 67142</u>		Application Number:																						
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL..... <u>16</u>ft.																							
N	WELL'S STATIC WATER LEVEL..... <u>6.11</u>ft.																							
<table border="1" style="width:100%"><tr><td style="width:25%">W</td><td style="width:25%">N</td><td style="width:25%">E</td><td style="width:25%">S</td></tr><tr><td></td><td></td><td style="text-align:center">X</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	W	N	E	S			X										WELL WAS USED AS:							
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		X																						
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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:																								
<table><tr><td>☒ Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table>					☒ Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile											
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Blank casing diameter..... <u>6</u>in. Was casing pulled? Yes..... No ☒ . If yes, how much.....																								
Casing height above or below land surface..... <u>3 1/2</u>in.																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ Bentonite 4 Other.....																								
Grout Plug Intervals: From... <u>3</u> ...ft. to... <u>6</u> ...ft., From.....ft. toft., From..... to.....ft.																								
What is the nearest source of possible contamination:																								
<table><tr><td>☒ 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>15 Oil well/Gas well</td><td></td></tr></table>					☒ 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	15 Oil well/Gas well	
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Direction from well? <u>South</u> How many feet? <u>1/4 mi (640')</u>																								
FROM	TO	PLUGGING MATERIALS																						
<u>0</u>	<u>3</u>	<u>Topsoil</u>																						
<u>3</u>	<u>6</u>	<u>Bentonite</u>																						
<u>6</u>	<u>11</u>	<u>Clay / Subsoil</u>																						
<u>11</u>	<u>16</u>	<u>Chlorinated Sand/gravel</u>																						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>8/30/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)																								
..... under the business name of																								
by (signature) <u>Arnold R. Reida</u>																								

RECEIVED
OCT 21 2004
BUREAU OF WATER