

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. Reid</u>																																			
RR#, St. Address, Box #: <u>13315 SE Main St</u> Board of Agriculture, Division of Water Resources																																			
City, State, ZIP Code: <u>Spicer, Paqo KS 67142</u> Application Number:																																			
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL..... <u>26</u> .....ft.																																		
N	WELL'S STATIC WATER LEVEL..... <u>1.1</u> .....ft.																																		
<table border="1" style="width:100%; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td>W</td><td></td><td>N</td><td>E</td></tr> <tr><td></td><td></td><td>X</td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td><td></td><td>E</td></tr> <tr><td></td><td>S</td><td>W</td><td></td><td>S</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>					N	W		N	E			X			W				E		S	W		S	E							WELL WAS USED AS:			
	N	W		N	E																														
			X																																
W				E																															
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<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 Lawn and Garden Only      11 Injection Well <input type="checkbox"/> 4 Industrial      8 Air Conditioning      12 Other.....																																			
Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>X</u> ...																																			
If yes, mo/day/yr sample was submitted.....																																			
Water Well Disinfected: Yes <u>X</u> ... No.....																																			
5 TYPE OF BLANK CASING USED:																																			
<input checked="" type="checkbox"/> 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below) <input type="checkbox"/> 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile																																			
Blank casing diameter..... <u>6</u> .....in. Was casing pulled? Yes..... No <u>X</u> ... If yes, how much.....																																			
Casing height above or below land surface..... <u>36</u> .....in.																																			
6 GROUT PLUG MATERIAL: 1 Neat cement      2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite      4 Other.....																																			
Grout Plug Intervals: From... <u>3</u> ...ft. to... <u>6</u> ...ft., From.....ft. to .....ft., From..... to.....ft.																																			
What is the nearest source of possible contamination:																																			
<input checked="" type="checkbox"/> 1 Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below) <input type="checkbox"/> 2 Sewer lines      7 Pit privy      12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage <input type="checkbox"/> 4 Lateral lines      9 Feedyard      14 Abandoned water well <input type="checkbox"/> 5 Cess Pool      10 Livestock pens      15 Oil well/Gas well																																			
Direction from well? <u>South</u> ..... How many feet? <u>1/4 mi. (645')</u>																																			
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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>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. Reid</u>																																			

RECEIVED

OCT 21 2004

BUREAU OF WATER

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.