

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <i>Clark</i>	<i>8 1/4 SE 1/4 NE 1/4 NE</i>	<i>11</i>	<i>33</i>	<i>25</i> EW

Distance and direction from nearest town or city street address of well if located within city?

13 mile west Astland ID

2	WATER WELL OWNER: <i>Olis G Lauppe</i>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <i>21209 29 RD</i>	Application Number:
	City, State, ZIP Code: <i>Towhee KS 67844</i>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4	DEPTH OF WELL <i>160</i> ft.	
	WELL'S STATIC WATER LEVEL <i>0</i> ft.	
WELL WAS USED AS:		
<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
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:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass <u>9 Other (Specify below)</u> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile <i>P.I.A.</i>	
Blank casing diameter <i>6</i> in.	
Casing height above or below land surface <i>30</i> in.	
Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much	

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other
Grout Plug Intervals: From <i>110</i> ft. to <i>100</i> ft., From ft. to ft., From to ft.	
What is the nearest source of possible contamination:	
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 <u>10 Livestock pens</u> 15 Oil well/Gas well	
Direction from well? <i>SW</i> How many feet? <i>200 ft.</i>	

FROM	TO	PLUGGING MATERIALS

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>2 - 15</i> 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) <i>Olis G Lauppe</i>
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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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.