

**SW NE NW****dri**

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Meade</u>	<u>N 1/4 Sec 36</u>	<u>36</u>	<u>33</u>	<u>28W</u>

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

1 1/2 S + 1 1/2 E from Meade2 WATER WELL OWNER: Melvin Isaac

RR#, St. Address, Box #:

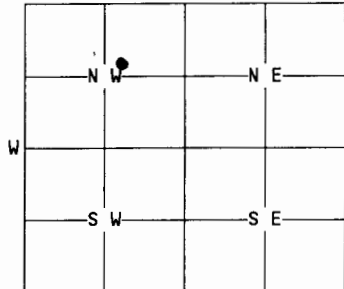
City, State, ZIP Code : Meade, KS 67864

Board of Agriculture, Division of Water Resources

Application Number:

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

N



S

4 DEPTH OF WELL.....8.7.....ft.WELL'S STATIC WATER LEVEL...7.5.....ft.

WELL WAS USED AS:

- |   |  |  |
|---|--|--|
| <input checked="" type="radio"/> 1 Domestic | <input type="radio"/> 5 Public Water Supply    | <input type="radio"/> 9 Dewatering       |
| <input type="radio"/> 2 Irrigation          | <input type="radio"/> 6 Oil Field Water Supply | <input type="radio"/> 10 Monitoring Well |
| <input type="radio"/> 3 Feedlot             | <input type="radio"/> 7 Lawn and Garden Only   | <input type="radio"/> 11 Injection Well  |
| <input type="radio"/> 4 Industrial          | <input type="radio"/> 8 Air Conditioning       | <input type="radio"/> 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    | <input checked="" type="radio"/> Other (specify below) <u>tin</u> |
| 2 PVC   | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |   |

Blank casing diameter...5.....in. Was casing pulled? Yes..... No...☒✓ If yes, how much.....  
Casing height above or below land surface...4.8.....in.6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ Bentonite 4 Other.....Grout Plug Intervals: From 10 ft. to 4 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         | <input checked="" type="radio"/> Other (specify below) <u>new well</u> |
| 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    |  |

Direction from well? .....SW..... How many feet? ....30.....

FROM	TO	PLUGGING MATERIALS
87	73	chlorinated sand
73	10	compacted soils
10	4	bentonite
4		cut off casing & back filled

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....7-6-95..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....101..... This Water Well Record was completed on (mo/day/year).....8-1-95..... under the business name of ...Bartel Well Drilling, Inc.... by (signature) ...Ruben J. Bartel.....

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.