

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <i>Seward</i>	<i>SW 1/4 NW 1/4 NW 1/4</i>	<i>34</i>	<i>34S</i>	<i>33</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>

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

*NE corner of Westem property*

2	WATER WELL OWNER: <i>KDHE</i>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <i>1000 SW Jackson St</i>	Application Number:
	City, State, ZIP Code: <i>Topeka KS 66612-1367</i>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <i>136</i> ..... ft.
		WELL'S STATIC WATER LEVEL ..... <i>n/a</i> ..... ft.	
		WELL WAS USED AS:	
		1 Domestic	5 Public Water Supply
		2 Irrigation	6 Oil Field Water Supply
		3 Feedlot	7 Domestic (Lawn & Garden)
		4 Industrial	8 Air Conditioning
			9 Dewatering
			<input checked="" type="radio"/> 10 Monitoring Well
			11 Injection Well
			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:
	<input type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 5 Wrought <input type="radio"/> 7 Fiberglass <input type="radio"/> 9 Other (Specify below) <input checked="" type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 8 Concrete Tile
	Blank casing diameter ..... <i>4</i> ..... in.    Was casing pulled?    Yes ..... No <input checked="" type="checkbox"/>
	Casing height above or below land surface ..... <i>n/a</i> ..... in.    If yes, how much ..... <i>overdrilled to 3'</i>

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	<input checked="" type="radio"/> 4 Other <i>Native soil</i>
	Grout Plug Intervals:	From <i>0</i> ft. to <i>3</i> ft.,	From <i>3</i> ft. to <i>136</i> 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"/> 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    |   |

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

**RECEIVED**  
**OCT 18 2004**  
**BUREAU OF WATER**

FROM	TO	PLUGGING MATERIALS
<i>0</i>	<i>3</i>	<i>Native soil</i>
<i>3</i>	<i>136</i>	<i>Bentonite</i>

*GeoCore #1172*

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <i>8/3/2004</i> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>527</i> This Water Well Record was completed on (mo/day/year) <i>9/3/2004</i> under the business name of <i>GeoCore Inc.</i>
	by (signature) <i>Dae Blt</i>

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.