

1 LOCATION OF WATER WELL: County: <u>Morton</u>	Fraction $NW \frac{1}{4}$ $SW \frac{1}{4}$ $SE \frac{1}{4}$	Section Number <u>8</u>	Township Number <u>34 S</u>	Range Number <u>43W</u>																																																												
Distance and direction from nearest town or city street address of well if located within city? <u>From Elkhat 9N, on 277W, on 512$\frac{3}{4}$ S on Road H-2</u>																																																																
2 WATER WELL OWNER: RR#, St. Address, Box #: <u>Amador Rd Pst, Corp</u> City, State, ZIP Code : _____ Board of Agriculture, Division of Water Resources Application Number: _____																																																																
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"><tr><td></td><td>N</td><td>W</td><td></td><td></td><td>N</td><td>E</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>S</td><td>W</td><td></td><td></td><td>S</td><td>E</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> S			N	W			N	E										W							E										S	W			S	E										4 DEPTH OF WELL..... <u>237</u>ft. WELL'S STATIC WATER LEVEL. <u>131</u>ft. WELL WAS USED AS: <table style="width:100%;"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td><u>10 Monitoring Well</u></td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> 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.....			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10 Monitoring Well</u>	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td><u>2 PVC</u></td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td>.....</td></tr></table> Blank casing diameter..... <u>2"</u>in. Was casing pulled? Yes..... No..... If yes, how much..... Casing height above or below land surface.....in.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile																																																		
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6 GROUT PLUG MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From.....ft. to.....ft., From.....ft. toft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 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> Direction from well? How many feet?					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	10 Livestock pens	15 Oil well/Gas well																																									
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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>10-9-02</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) <u>10-25-02</u> under the business name of <u>Stans Water Well Serv, LLC</u> , by (signature) <u>[Signature]</u>																																																																
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.																																																																