

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Barber	Se 14 Se 14 Se 14	3	35	11

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

Located 1/4 mile west of intersection of 1st and Coates Street

2	WATER WELL OWNER: O.K. Cooperative	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box # PO Box 144	Application Number:
	City, State, ZIP Code Kiowa, KS 67070	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 35 ft.
			WELL'S STATIC WATER LEVEL 30 ft.
			WELL WAS USED AS:
			1 Domestic                      5 Public Water Supply                      9 Dewatering 2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring Well 3 Feedlot                      7 Domestic (Lawn & Garden)                      11 Injection Well 4 Industrial                      8 Air Conditioning                      12 Other
			Was a chemical / bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>
			if yes, mo/day/yr sample was submitted _____
			Water Well Disinfected: Yes _____ No <input checked="" type="checkbox"/>

5	TYPE OF BLANK CASING USED:
	1 Steel                      3 RMP (SR)                      5 Wrought                      7 Fiberglass                      9 Other (Specify below) 2 PVC                      4 ABS                      6 Asbestos-Cement                      8 Concrete Tile
	Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ If yes, how much 3' BGS
	Casing height above or below land surface 36 BGS in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Cover Native Soils Grout Plug Intervals: From 35 ft. to 3 BGS ft., From 3 ft. to 0 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                      Contaminated Site 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? _____

FROM	TO	PLUGGING MATERIALS
35'	3'	Bentonite chips, hydrated
3'	0'	Native Soils

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/4/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 2/8/10 under the business name of Pratt Well Service, Inc.
	by (signature) <i>Steven E. Pratt</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, 1 000 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.