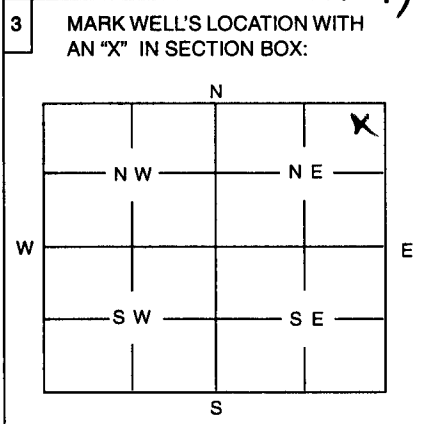


| | | | | | |
|---------|-------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: | <u>Smith</u> | <u>NE 1/4 NE 1/4 NE 1/4</u> | <u>29</u> | <u>3</u> | <u>14</u> |

Distance and direction from nearest town or city street address of well if located within city?
(App. 200' S. Hwy 36) Pine Atchafal, KS

| | | |
|---|----------------------------------|---|
| 2 | WATER WELL OWNER: | Board of Agriculture, Division of Water Resources |
| | <u>Atchafal Coop (Bulk) MW-3</u> | Application Number: |
| | RR #, St. Address, Box #: | |
| | <u>P.O. Box 217</u> | |
| | City, State, ZIP Code : | |
| | <u>Atchafal, KS 66932</u> | |

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| | | |
|---|--|--|
| 4 | DEPTH OF WELL | <u>18'</u> ft |
| | WELL'S STATIC WATER LEVEL | <u>15.90</u> 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 <u>Dewatering</u> |
| | | 10 <u>Monitoring Well</u> |
| | | 11 Injection Well |
| | | 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) <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile |
| | Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No |
| | Casing height above or below land surface in. If yes, how much <u>18</u> ft. |

| | | | | | |
|---|---|------------------------------|------------------------------|-----------------------------|---------------|
| 6 | GROUT PLUG MATERIAL: | 1 Neat cement | 2 Cement grout | <u>3 Bentonite</u> | 4 Other |
| | Grout Plug Intervals: | From ft. to ft., | From ft. to ft., | From ft. 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 | 10 Livestock pens | 15 Oil well/Gas well | | |
| | Direction from well? | How many feet? | | | |

| FROM | TO | PLUGGING MATERIALS |
|-----------|----------|--------------------|
| <u>18</u> | <u>3</u> | <u>Bentonite</u> |
| <u>3</u> | <u>0</u> | <u>Soil</u> |
| | | |
| | | |
| | | |
| | | |

| | |
|---|--|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/23/00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>6017</u> This Water Well Record was completed on (mo/day/year) <u>8/22/00</u> under the business name of <u>Maxim Tech</u> by (signature) <u>William Steffand</u> |
|---|--|

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.