

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Phillips</u>	<u>1/4 SE 1/4 SE 1/4</u>	<u>8</u>	<u>3</u>	<u>20</u> EW

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

2 WATER WELL OWNER: Leeland MENTION
 RR #, St. Address, Box #: 1560 W 1000 Rd,
 City, State, ZIP Code: Prairie View, KS 67664
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>89</u> ft. WELL'S STATIC WATER LEVEL <u>79</u> ft. WELL WAS USED AS: <input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial <input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Domestic (Lawn & Garden) <input type="radio"/> 8 Air Conditioning <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other _____
---	--	---	---

N

	NW	NE	
W			E
	SW	SE	
	S		

Was a chemical / bacteriological sample submitted to Department? Yes _____ No X
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes X No _____

5 TYPE OF BLANK CASING USED:

<input checked="" 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 type="radio"/> 2 PVC	<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 8 Concrete Tile	

Blank casing diameter 5 in. Was casing pulled? Yes X No _____ If yes, how much 5'
 Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 4 ft. to 24 ft., From 77 ft. to 79 ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

<input type="radio"/> 1 Septic tank	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 16 Other (specify below)
<input type="radio"/> 2 Sewer lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 12 Fertilizer storage	
<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 13 Insecticide storage	
<input type="radio"/> 4 Lateral lines	<input type="radio"/> 9 Feedyard	<input type="radio"/> 14 Abandoned water well	
<input type="radio"/> 5 Cess pool	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 15 Oil well/Gas well	

Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>4</u>	<u>Dirt</u>
<u>4</u>	<u>24</u>	<u>Bentonite</u>
<u>24</u>	<u>77</u>	<u>Sand</u>
<u>77</u>	<u>79</u>	<u>Bentonite</u>
<u>79</u>	<u>89</u>	<u>Sand</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-3-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 256 This Water Well Record was completed on (mo/day/year) 10-29-12 under the business name of Gallender Well Services by (signature) Doug Gallender

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