

|                        |                         |          |                |                 |              |
|------------------------|-------------------------|----------|----------------|-----------------|--------------|
| 1                      | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: <b>Rawlins</b> | <b>NW ¼ NE ¼ NE ¼</b>   | <b>8</b> | <b>3</b>       | <b>33</b>       | <b>EW</b>    |

Distance and direction from nearest town or city street address of well if located within city?  
**Junction 25 & 36 Hwy**

|   |  |  |
|---|--|--|
| 2 | WATER WELL OWNER: <b>KDHE-T&amp;M</b><br>RR #, St. Address, Box #: <b>1000 SW Jackson Street</b><br>City, State, ZIP Code: <b>Topeka, KS 66612</b> | Board of Agriculture, Division of Water Resources<br>Application Number: _____ |
|---|--|--|

|   |  |   |   |
|---|--|---|---|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <b>22.4</b> ft.<br>WELL'S STATIC WATER LEVEL _____ ft.<br>WELL WAS USED AS:<br>1 Domestic                      5 Public Water Supply                      9 Dewatering<br>2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring Well<br>3 Feedlot                      7 Domestic (Lawn & Garden)                      11 Injection Well<br>4 Industrial                      8 Air Conditioning                      12 Other <b>VEW-1</b> |
|---|--|---|---|

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

|   |  |
|---|--|
| 6   | GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout      3 Bentonite <input checked="" type="checkbox"/> 4 Other <b>Casing Removed</b> |
| 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 <input checked="" type="checkbox"/> 16 Other (specify below) <b>Surface Run Off</b> |  |
| 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                    |
|------|----|---------------------------------------|
|      |    | <b>Well removed during excavation</b> |
|      |    |                                       |
|      |    |                                       |
|      |    |                                       |
|      |    |                                       |
|      |    |                                       |
|      |    |                                       |

|   |   |
|---|---|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>07/12/07</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>735</b> . This Water Well Record was completed on (mo/day/year) <b>07/24/07</b> under the business name of <b>Milka Environmental Services, Inc.</b> by (signature) _____ |
|---|---|

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.