

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rawlins		NW ¼ NW ¼ NE ¼	8	3	33

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

2	WATER WELL OWNER: Merz/Ginther	.Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: 102 Grant	Application Number:
	City, State, ZIP Code: Atwood, KS 67730	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 24 ft.
		WELL'S STATIC WATER LEVEL 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 MW-10	
		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) <input checked="" type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter 4 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much All
	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 Casing Removed
	Grout Plug Intervals: From ft. to ft., From ft. to ft., From 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) Surface Run Off 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
		Well removed during excavation

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