

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

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

Junction 25 & 36 Hwy

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

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 27.95 ft.										
<div style="text-align: center;">N</div> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%; text-align: center;">NW</td> <td style="width: 25%; text-align: center;">NE</td> <td style="width: 25%; text-align: center;">SE</td> <td style="width: 25%; text-align: center;">SW</td> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> </tr> </table> <div style="text-align: center;">S</div>		NW	NE	SE	SW	✓				WELL'S STATIC WATER LEVEL ft.			
		NW	NE	SE	SW								
		✓											
		WELL WAS USED AS:											
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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:													
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter 4 in. Was casing pulled? Yes ✓ 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	4 Other Casing Removed/soil compacted																				
Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.																									
What is the nearest source of possible contamination:																									
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Direction from well? How many feet?																									

FROM	TO	PLUGGING MATERIALS
		Well removed during excavation

7	CONTRACTOR'S or 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 MILCO 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.