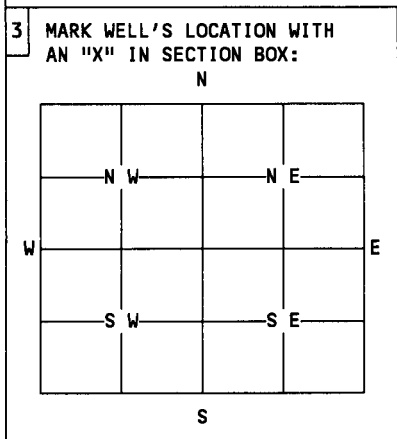


1 LOCATION OF WATER WELL: County: <u>Republic</u>	Fraction <u>SE</u> <u>SE</u> <u>SE</u> <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number <u>16</u>	Township Number <u>3s</u>	Range Number <u>5w</u>
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Distance and direction from nearest town or city street address of well if located within city?  
1/2 mile east of Courtland Ks

2 WATER WELL OWNER: City of Courtland

RR#, St. Address, Box #: \_\_\_\_\_ Board of Agriculture, Division of Water Resources  
City, State, ZIP Code : \_\_\_\_\_ Application Number: \_\_\_\_\_



4 DEPTH OF WELL... Unknown .....ft.  
WELL'S STATIC WATER LEVEL... Unknown .....ft. casing caved in and rotten

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Lawn and Garden Only	<input type="checkbox"/> 11 Injection Well
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other.....

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:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (specify below)
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

Blank casing diameter.....4 1/2 in. Was casing pulled? Yes..... No..... If yes, how much.....20'  
Casing height above or below land surface.....10'.....

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other. lime stone rock.....

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	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? ....None..... How many feet? .....0.....

FROM	TO	PLUGGING MATERIALS

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....5-1-98..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) ..... under the business name of ..... by (signature) [Signature]..... 5-14-98

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.