

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>Washington</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>10</u>	<u>5</u>	<u>2</u> E/W																								
Distance and direction from nearest town or city street address of well if located within city? <u>2 miles west and 1 mile south of NW corner of Palmer</u>																													
2	WATER WELL OWNER: <u>Robert Rogge</u> RR #, St. Address, Box #: <u>11710 Diamond Circle</u> City, State, ZIP Code: <u>St. George, KS 66535</u> 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>42</u> ft. WELL'S STATIC WATER LEVEL <u>5</u> ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes <u>(No)</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: <u>(Yes)</u> No			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												
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5	TYPE OF BLANK CASING USED: ☒ Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <u>7</u> in. Was casing pulled? Yes <u>(No)</u> If yes, how much Casing height above or below land surface in.																												
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ Bentonite 4 Other Grout Plug Intervals: From <u>3</u> ft. to <u>6</u> ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Septic tank</td> <td style="width:33%;">6 Seepage pit</td> <td style="width:33%;">11 Fuel storage</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> </tr> <tr> <td colspan="3">16 Other (specify below)</td> </tr> </table> Direction from well? How many feet?					1 Septic tank	6 Seepage pit	11 Fuel storage	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	16 Other (specify below)								
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7-28-04</u> 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) by (signature) <u>x Robert A. Rogge</u> under the business name of																												

RECEIVED

OCT 26 2004

BUREAU OF WATER

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.