

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>NORTON</u>	<u>NE 1/4 NE 1/4 SE 1/4</u>	<u>17</u>	<u>5</u>	<u>22W</u>

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

SOUTH OF EDMOND

2	WATER WELL OWNER:	<u>BOB &amp; JAVIEL L. LEBLANC</u>
	RR#, St. Address, Box #:	<u>PO BOX 184</u>
	City, State, ZIP Code :	<u>HILL CITY, KS 67642</u>
	Board of Agriculture, Division of Water Resources	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4	DEPTH OF WELL..... <u>7.4</u> .....ft. WELL'S STATIC WATER LEVEL.. <u>62</u> .....ft. WELL WAS USED AS: <input checked="" type="radio"/> Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other... <u>CATTLE</u>
		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... <input checked="" type="checkbox"/> No.....	

5	TYPE OF BLANK CASING USED:
	<input checked="" type="radio"/> Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below) <input type="radio"/> PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile
	Blank casing diameter... <u>6</u> ....in.    Was casing pulled? Yes... <input checked="" type="checkbox"/> No..... If yes, how much... <u>3 feet</u> +
	Casing height above or below land surface..... <u>36.4</u> .....in.

6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> Cement grout    3 Bentonite    4 Other.....
	Grout Plug Intervals: From... <u>2</u> ...ft. to... <u>6.4</u> ...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 <u>GRAZING CATTLE</u> 3 Watertight sewer lines    8 Sewage lagoon    13 Insecticide storage <u>RODENTS ETC</u> 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
74	60	CLEAN SAND & CHROME
60	0 1/2	CLEAN SUBSOIL WITH CHROME/IRON/WATER USED TO REINFORCE
6 1/2	2	CONCRETE FIN + DOME
2	0+	TOPSOIL FIN W EXTRA MOUNDED

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 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) <u>[Signature]</u>
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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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.