

1 LOCATION OF WATER WELL:	Fraction <u>SW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>7</u>	Township Number <u>5</u>	Range Number <u>25W</u>																																				
County: Norton																																								
Distance and direction from nearest town or city street address of well if located within city?																																								
2 WATER WELL OWNER: Dan Wahlmeier																																								
RR#, St. Address, Box # Hc1, 52B																																								
City, State, ZIP Code : Clayton, Ks 67629																																								
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>152</u> ft.																																							
	WELL'S STATIC WATER LEVEL _____ ft.																																							
	WELL WAS USED AS																																							
	<table style="width:100%;"> <tr> <td><input type="checkbox"/> 1 Domestic</td> <td><input type="checkbox"/> 5 Public Water Supply</td> <td><input type="checkbox"/> 9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td><input type="checkbox"/> 6 Oil Field Water Supply</td> <td><input type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td><input type="checkbox"/> 7 Lawn and Garden (domestic)</td> <td><input type="checkbox"/> 11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td><input type="checkbox"/> 8 Air Conditioning</td> <td><input type="checkbox"/> 12 Other</td> </tr> </table>				<input 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 (domestic)	<input type="checkbox"/> 11 Injection Well	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other																								
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u>																																								
If yes, mo/day/yr sample was submitted _____																																								
Water Well Disinfected: Yes _____ No <u>x</u>																																								
5 TYPE OF BLANK CASING USED:																																								
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Blank casing diameter <u>5</u> in. Was casing pulled? Yes <u>x</u> No _____ If yes, how much <u>4 ft</u>																																								
Casing height above or below land surface <u>-48</u> in.																																								
6 GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <u>Native Clays</u>																																								
Grout Plug Intervals From <u>0</u> ft. to <u>133</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																								
What is the nearest source of possible contamination:																																								
<table style="width:100%;"> <tr> <td><input type="checkbox"/> 1 Septic tank</td> <td><input type="checkbox"/> 6 Seepage pit</td> <td><input type="checkbox"/> 11 Fuel storage</td> <td><input type="checkbox"/> 16 Other (specify below)</td> </tr> <tr> <td><input type="checkbox"/> 2 Sewer lines</td> <td><input type="checkbox"/> 7 Pit privy</td> <td><input type="checkbox"/> 12 Fertilizer storage</td> <td><u>None</u></td> </tr> <tr> <td><input type="checkbox"/> 3 Watertight sewer lines</td> <td><input type="checkbox"/> 8 Sewage lagoon</td> <td><input type="checkbox"/> 13 Insecticide storage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4 Lateral lines</td> <td><input type="checkbox"/> 9 Feedyard</td> <td><input type="checkbox"/> 14 Abandoned water well</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5 Cess Pool</td> <td><input type="checkbox"/> 10 Livestock pens</td> <td><input type="checkbox"/> 15 Oil well/ Gas well</td> <td></td> </tr> </table>					<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)	<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	<u>None</u>	<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage		<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well		<input type="checkbox"/> 5 Cess Pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/ Gas well																	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>7/23/08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>783</u> This Water Well Record was completed on (mo/day/yr) <u>8-21-08</u> under the business name of <u>Woofert Pump & Well Inc.</u> by (signature) <u>[Signature]</u>																																								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																								