

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>Washington</u>	<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>13</u>	<u>5</u>	<u>3</u> E/W																								
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 miles south and 5 1/2 miles east of Palmer, KS</u>																													
2	WATER WELL OWNER: <u>Tom Bowman</u>																												
	RR #, St. Address, Box #: <u>509 Juniper St.</u>		Board of Agriculture, Division of Water Resources																										
	City, State, ZIP Code: <u>Waldfield, KS 67487</u>		Application Number: _____																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>7</u> ft.																									
				WELL'S STATIC WATER LEVEL <u>0</u> ft.																									
		WELL WAS USED AS:																											
		☒ Domestic ☐ Irrigation ☐ Feedlot ☐ Industrial			☐ Public Water Supply ☐ Oil Field Water Supply ☐ Domestic (Lawn & Garden) ☐ Air Conditioning	☐ Dewatering ☐ Monitoring Well ☐ Injection Well ☐ 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:																												
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile <u>Rock</u>																												
Blank casing diameter in. Was casing pulled? Yes No 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>5</u> ft. to <u>4 1/2</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 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? How many feet?																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>7 ft.</u></td> <td><u>5 ft.</u></td> <td><u>Subsoil fill</u></td> </tr> <tr> <td><u>5 ft.</u></td> <td><u>4 1/2 ft.</u></td> <td><u>Bentonite Plug</u></td> </tr> <tr> <td><u>4 1/2 ft.</u></td> <td><u>0 ft.</u></td> <td><u>Topsoil</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>7 ft.</u>	<u>5 ft.</u>	<u>Subsoil fill</u>	<u>5 ft.</u>	<u>4 1/2 ft.</u>	<u>Bentonite Plug</u>	<u>4 1/2 ft.</u>	<u>0 ft.</u>	<u>Topsoil</u>												
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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/year) <u>6-26-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>6-27-05</u> This Water Well Record was completed on (mo/day/year) <u>6-27-05</u> under the business name of by (signature) <u>Tom E. Bowman</u>																												

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.