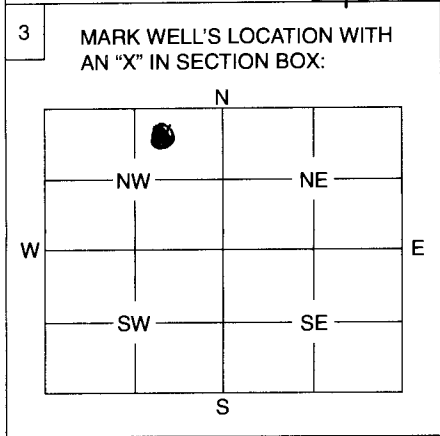


1	LOCATION OF WATER WELL: County: <u>Rooks</u>	Fraction <u>1/4 NE 1/4 NE 1/4 NW</u>	Section Number <u>24</u>	Township Number <u>7S</u>	Range Number <u>18W</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER: <u>City of Stockton</u> RR #, St. Address, Box #: <u>115 S. Walnut</u> City, State, ZIP Code: <u>Stockton KS 67669</u>	Board of Agriculture, Division of Water Resources Application Number:
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4	DEPTH OF WELL ..... <u>48'</u> ..... ft. WELL'S STATIC WATER LEVEL <u>33</u> ..... ft.	WELL WAS USED AS:												
	<table style="width:100%; border:none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;"><input checked="" type="checkbox"/> 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 &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>	1 Domestic	<input checked="" type="checkbox"/> 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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3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well												
4 Industrial	8 Air Conditioning	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:										
	<table style="width:100%; border:none;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
	Blank casing diameter <u>24</u> in. Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, how much .....										
	Casing height above or below land surface ..... in.										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....																		
	Grout Plug Intervals: From <u>48</u> ft. to <u>12</u> ft., From <u>12</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>0</u> 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%;"><input checked="" type="checkbox"/> 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></td> <td></td> <td>16 Other (specify below) .....</td> </tr> </table>	1 Septic tank	6 Seepage pit	<input checked="" type="checkbox"/> 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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		16 Other (specify below) .....																	
	Direction from well? <u>North</u> ..... How many feet? <u>100'</u> .....																		

FROM	TO	PLUGGING MATERIALS
<u>48"</u>	<u>12'</u>	<u>Chlorinated Sand</u>
<u>12"</u>	<u>2"</u>	<u>Cement</u>
<u>2"</u>	<u>Ground</u>	<u>Soil</u>

7	CONTRACTOR'S OF 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. <u>2-2-204</u> ..... This Water Well Record was completed on (mo/day/year) ..... under the business name of <u>City of Stockton</u> by (signature) <u>Alec P. Hinkle</u> <u>City of Stockton</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, 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.