

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: Cloud		SE $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	10-7-2	7	2																				
Distance and direction from nearest town or city street address of well if located within city? 1/2 Mile East 1/4 mile North																									
2	WATER WELL OWNER:	Jeff Kindel RR #, St. Address, Box #: 1021 N 220th Rd City, State, ZIP Code : Aurora KS, 67417																							
3		MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 71 ft.																					
				WELL'S STATIC WATER LEVEL 46 ft.																					
WELL WAS USED AS:																									
<table> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>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 <input checked="" type="checkbox"/></td> </tr> </table>						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 <input checked="" type="checkbox"/>								
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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"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																									
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 3 Bentonite 4 Other																								
Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft.																									
What is the nearest source of possible contamination:																									
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Direction from well?			How many feet?																						
FROM	TO	PLUGGING MATERIALS																							
0	3 ft	Top Soil Fill																							
3 ft	4 ft	Bentonite																							
4 ft	46 ft	Sub Soil Fill																							
46 ft	71 ft	Sand Fill																							
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. This Water Well Record was completed on (mo/day/year) under the business name of by (signature) Jeff Kindel 6/26/07																								
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.																									