

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Graham	<del>SW</del> 1/4 NW 1/4 SW 1/4	3	7	24W

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

2 WATER WELL OWNER: Carl Zohner  
 RR#, St. Address, Box #: 20 Walnut Dr. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Hill City KS 67642 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
 N

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W			E
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4 DEPTH OF WELL.....10.3.....ft.  
 WELL'S STATIC WATER LEVEL....9.8.....ft.  
 WELL WAS USED AS:  
 1 Domestic      5 Public Water Supply      9 Dewatering  
 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well  
 3 Feedlot      7 Lawn and Garden Only      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:  
 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below)  
 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile .....

Blank casing diameter.....5 1/2 in.    Was casing pulled? Yes..... No. . If yes, how much.....  
 Casing height above or below land surface...ground level in.

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout     3 Bentonite    4 Other.....  
 Grout Plug Intervals: From...3...ft. to...0...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 .....

Direction from well? ...SE.....    How many feet? .....700 ft.....

FROM	TO	PLUGGING MATERIALS
103	85	Sand: Washed, chlorinated
85	3	Subsoil
3	0	Bentonite
Steel plate bolted over top on concrete slab.		

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) May 29 97 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) Carl Zohner

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.