

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

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  
 City, State, ZIP Code: Hill City, KS 67642  
 Board of Agriculture, Division of Water Resources  
 Application Number:

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

	N	W		N	E
W					E
	S	W		S	E

S

4 DEPTH OF WELL.....9.7.....ft.  
 WELL'S STATIC WATER LEVEL....85.....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: Stack.....  
 Was a chemical/bacteriological sample submitted to Department? Yes....No X..  
 If yes, mo/day/yr sample was submitted.....  
 Water Well Disinfected: Yes X... 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 X... 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 4 ft. to 8 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? South east      How many feet? 200'

FROM	TO	PLUGGING MATERIALS
97	75	Sand Washed Chlorinated
75	8	Sub Soil
8	4	Bentonite
4	0	Subsoil
Steel Plate banded over top of Concrete Slab		

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) June 19, 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) .....  
 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.