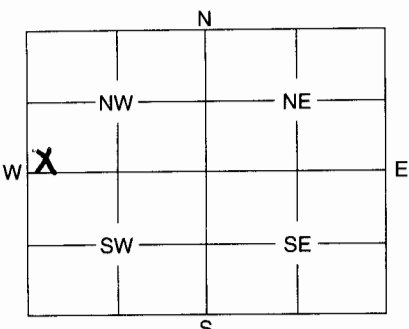


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Thomas</u>	<u>SW 1/4 SW 1/4 NW 1/4</u>	<u>1</u>	<u>7</u>	<u>31</u> E/W
Distance and direction from nearest town or city street address of well if located within city?					

2	WATER WELL OWNER: <u>Steve Allen</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>107 Summertree Drive</u>	Registration Number: _____
	City, State, ZIP Code: <u>Nicholasville, Kentucky 40356</u>	

<div style="text-align: center;">3</div> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	<div style="text-align: center;">4</div> DEPTH OF WELL <u>102</u> ft. WELL'S STATIC WATER LEVEL <u>Dry</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input checked="" type="radio"/> 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</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> <u>X</u></p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes No</p>	<input checked="" type="radio"/> 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
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4 Industrial	8 Air Conditioning	12 Other											

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 <u>4"</u> in.	Was casing pulled? Yes <input checked="" type="checkbox"/> <u>X</u> No If yes, how much <u>12"</u>
	Casing height above or below land surface <u>72"</u> in.	

6	GROUT PLUG MATERIAL:	<input checked="" type="radio"/> 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other Grout Plug Intervals: From <u>102</u> ft. to <u>7</u> ft., From <u>7</u> ft. to <u>6</u> ft., From to ft.																				
	What is the nearest source of possible contamination?	<u>Bentonite</u> <u>Cement Grout</u> <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td><input checked="" type="radio"/> 10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>	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	<input checked="" type="radio"/> 10 Livestock pens	15 Oil well/Gas well	
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	Direction from well? <u>N-NE</u>	How many feet? <u>15'</u>																				

FROM	TO	PLUGGING MATERIALS
<u>102</u>	<u>7</u>	<u>Bentonite</u>
<u>7</u>	<u>6</u>	<u>Cement Grout</u>
<u>6</u>	<u>0</u>	<u>Compacted Clay + Topsoil</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9-11-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>663</u> This Water Well Record was completed on (mo/day/year) <u>9-23-09</u> under the business name of <u>Brenn Pump & Supply</u> by (signature) <u>[Signature]</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.