

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																					
	County: <u>Thomas</u>	<u>NE 1/4 SE 1/4</u>	<u>32</u>	<u>7S</u>	<u>32 W</u> E/W																					
Distance and direction from nearest town or city street address of well if located within city?																										
2																										
WATER WELL OWNER: <u>Houston Trust</u>																										
RR #, St. Address, Box #: <u>um B Bank</u>																										
City, State, ZIP Code: <u>PO Box 419492</u> Board of Agriculture, Division of Water Resources																										
<u>Kansas City Mo. 64141</u> Application Number:																										
3		4																								
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF WELL <u>250</u> ft.																								
		WELL'S STATIC WATER LEVEL <u>138</u> ft.																								
		WELL WAS USED AS:																								
		<input checked="" type="radio"/> Domestic 5 Public Water Supply 9 Dewatering <input type="radio"/> Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="radio"/> Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="radio"/> Industrial 8 Air Conditioning 12 Other																								
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 type="radio"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="radio"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																										
Blank casing diameter <u>5 1/2</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much																										
Casing height above or below land surface <u>6'</u> in.																										
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GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																										
Grout Plug Intervals: From <u>100</u> ft. to <u>90</u> ft. Bentonite From <u>18</u> ft. to <u>7</u> ft. Bentonite From <u>7</u> ft. to <u>6</u> ft. Cement Grout																										
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 <u>Run-off rein-</u> 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage <u>Irrigation</u> 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well																										
Direction from well? <u>West</u> How many feet? <u>200'</u>																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>250</u></td> <td><u>100</u></td> <td><u>Washed Sand</u></td> </tr> <tr> <td><u>100</u></td> <td><u>90</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>90</u></td> <td><u>18</u></td> <td><u>Clay</u></td> </tr> <tr> <td><u>18</u></td> <td><u>7</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>7</u></td> <td><u>6</u></td> <td><u>Cement Grout Cap.</u></td> </tr> <tr> <td><u>6</u></td> <td><u>0</u></td> <td><u>Compacted Clay + Topsoil</u></td> </tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>250</u>	<u>100</u>	<u>Washed Sand</u>	<u>100</u>	<u>90</u>	<u>Bentonite</u>	<u>90</u>	<u>18</u>	<u>Clay</u>	<u>18</u>	<u>7</u>	<u>Bentonite</u>	<u>7</u>	<u>6</u>	<u>Cement Grout Cap.</u>	<u>6</u>	<u>0</u>	<u>Compacted Clay + Topsoil</u>
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CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6-15-05</u> and this record is true to the best of my knowledge and belief. Kansas																										
Water Well Contractor's License No. <u>6-20-05</u> This Water Well Record was completed on (mo/day/year)																										
by (signature) <u>Don W. Smith</u> under the business name of <u>Brenn Pump & Supply</u>																										

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.