

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Thomas</u>	<u>SE 1/4 SE 1/4 NE 1/4</u>	<u>25</u>	<u>7 S</u>	<u>34 W E/W</u>																											
Distance and direction from nearest town or city street address of well if located within city?																																
2	WATER WELL OWNER: <u>Harry E Robert and Kathryn E Robert</u>																															
	RR #, St. Address, Box #: City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number:																													
	<u>2710 N Range Ave</u> <u>Colby KS 67701</u>																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td colspan="4">N</td></tr> <tr><td colspan="2">NW</td><td colspan="2">NE</td></tr> <tr><td colspan="2" rowspan="2">W</td><td colspan="2" rowspan="2">E</td></tr> <tr><td colspan="2">X</td></tr> <tr><td colspan="2">SW</td><td colspan="2">SE</td></tr> <tr><td colspan="4">S</td></tr> </table>					N				NW		NE		W		E		X		SW		SE		S								
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4	DEPTH OF WELL <u>124</u> ft. WELL'S STATIC WATER LEVEL <u>116'</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> Domestic            2 Irrigation            3 Feedlot            4 Industrial         </div> <div>           5 Public Water Supply            6 Oil Field Water Supply            7 Domestic (Lawn &amp; Garden)            8 Air Conditioning         </div> <div>           9 Dewatering            10 Monitoring Well            11 Injection Well            12 Other .....         </div> </div>																															
Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes <u>X</u> ..... No .....																																
5	TYPE OF BLANK CASING USED:																															
	<input checked="" type="radio"/> Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below) <input type="radio"/> PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile																															
	Blank casing diameter <u>5"</u> in.    Was casing pulled? Yes <u>X</u> ..... No .....    If yes, how much <u>8'</u> Casing height above or below land surface <u>96' - 8'</u> in.																															
6	GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout <input checked="" type="radio"/> Bentonite    4 Other .....																															
	Grout Plug Intervals:    From <u>96</u> ft. to <u>84</u> ft.    From <u>15</u> ft. to <u>7</u> ft.,    From ..... to ..... ft.																															
	What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank            2 Sewer lines            3 Watertight sewer lines            4 Lateral lines  <input checked="" type="radio"/> 5 Cess pool         </div> <div>           6 Seepage pit            7 Pit privy            8 Sewage lagoon            9 Feedyard            10 Livestock pens         </div> <div>           11 Fuel storage            12 Fertilizer storage            13 Insecticide storage            14 Abandoned water well            15 Oil well/Gas well         </div> <div>           16 Other (specify below)         </div> </div>																															
	Direction from well? <u>SE</u> How many feet? <u>130'</u>																															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-14-05</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>10-18-05</u> under the business name of <u>Brenn Pump &amp; 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.