

1	LOCATION OF WATER WELL: County: Graham	Fraction NM1/4SE1/4SW1/4	Section Number S13	Township Number T8	Range Number R23
---	--	------------------------------------	------------------------------	------------------------------	----------------------------

Distance and direction from nearest town or city street address of well, if located within city?
SE Coop Elevator Hill City Ks.

2 WATER WELL OWNER: **City of Hill City Ks.**

RR#, St. Address, Box #: _____
City, State, ZIP Code : _____

Board of Agriculture, Division of Water Resources
Application Number: _____

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

	NW	NE
W		E
	SW	SE
	X	
		S

4 DEPTH OF WELL.....**34**.....ft.
WELL'S STATIC WATER LEVEL.....**8**.....ft.

WELL WAS USED AS:

<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering
<input checked="" type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Lawn and Garden Only	<input type="checkbox"/> 11 Injection Well
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 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:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (specify below)
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

Blank casing diameter...**5**.....in. Was casing pulled? Yes..... No... If yes, how much.....
Casing height above or below land surface.....**72**".....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other.....

GROUT PLUG INTERVALS: From **5**..ft. to **10**..ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	<input checked="" type="checkbox"/> None
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess Pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
0	5'	top soil
5'	10'	Bentonite plug
10'	34'	sand
		NOTE: static level 8'

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....**9-20-99**..... 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 **CITY OF HILL CITY** by (signature) **Donald R. Fitzgall**

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.