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|---|-------------------------|------------------------------|----------|--------|----------|--------|-----------|--|
| 1 | LOCATION OF WATER WELL: | Fraction | Section | Number | Township | Number | Range | Number |
| | County: <u>Jackson</u> | <u>SE 1/4 N 2 1/4 SE 1/4</u> | <u>7</u> | | <u>9</u> | | <u>15</u> | <u>EW</u> PRL |

Distance and direction from nearest town or city street address of well if located within city?
N/A

2 WATER WELL OWNER: Cecil & Ethel Donna Rae Woodard
 RR #, St. Address, Box #: 6135 NW Rochester Road
 City, State, ZIP Code : Topeka, KS 66617
 Board of Agriculture, Division of Water Resources
 Application Number: _____

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|---|---|---------------------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|--------------------|---------------------------|
| <p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align:center;"> </div> | <p>4 DEPTH OF WELL <u>16 1/2</u> ft. WELL'S STATIC WATER LEVEL <u>13 1/2</u> ft. WELL WAS USED AS:</p> <table style="width:100%; border:none;"> <tr> <td>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 <u>Abandoned</u></td> </tr> </table> <p>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 _____</p> | 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 <u>Abandoned</u> |
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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 | <u>Limestone Layers</u> |

Blank casing diameter _____ in. Was casing pulled? Yes _____ No _____ If yes, how much _____
 Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From _____ ft. to _____ ft., From 5 ft. to 4.5 ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

| | | | |
|----------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank ^m | 6 Seepage pit | 11 Fuel storage | 16 Other (specify below) |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | <u>N/A</u> |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | |

Direction from well? _____ How many feet? _____

| FROM | TO | PLUGGING MATERIALS |
|---------------|---------------|-----------------------------------|
| <u>16 1/2</u> | <u>13 1/2</u> | <u>Sand</u> |
| <u>13 1/2</u> | <u>5</u> | <u>Clay Soil & Rock Liner</u> |
| <u>5</u> | <u>4.5</u> | <u>Bentonite</u> |
| <u>4.5</u> | <u>0</u> | <u>Clay Soil</u> |
| | | |
| | | |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/18/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA This Water Well Record was completed on (mo/day/year) 5-21-12 under the business name of Echert Excavating by (signature) [Signature]

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.