

1 LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Ottawa</u>	$\frac{1}{4}$ $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$	<u>10</u>		<u>9</u>		<u>3</u>	

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

2 WATER WELL OWNER: Florence Abland
 RR #, St. Address, Box #: Box 44
 City, State, ZIP Code : Depos KS 67436 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>50</u> ft											
	WELL'S STATIC WATER LEVEL <u>20</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>	<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
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Was a chemical / bacteriological sample submitted to Department? Yes <input checked="" type="radio"/> No If yes, mo/day/yr sample was submitted Water Well Disinfected: <input checked="" type="radio"/> Yes No												

5 TYPE OF BLANK CASING USED:

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

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

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

GROUT PLUG INTERVALS: From ft. to ft., From ft. to ft., From to ft.

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	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	<input checked="" type="radio"/> 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>30ft</u>	<u>Clean Sand 21.81 cu yds</u>
	<u>15ft</u>	<u>Chlorine bleach 8.81 gallons</u>
	<u>14 ft</u>	<u>Clean Fill Soil 10.18 cu yrd</u>
	<u>3ft</u>	<u>Bentonite clay 2.18 cu yrd</u>
	<u>3ft</u>	<u>clay Soil 2.18 cu yrd</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-13-11 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 by (signature) Dennis Abland

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.