

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Sherman</u>	<u>SE 1/4 SW 1/4</u>	<u>16</u>	<u>9 South</u>	<u>40 West EW</u>

Distance and direction from nearest town or city street address of well if located within city?
4S 4W GOODLAND, KANSAS

2 WATER WELL OWNER: <u>Jane E. Laughlin</u> RR #, St. Address, Box #: <u>1245 Terri Lane</u> City, State, ZIP Code: <u>Wray, CO 80758</u>	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>317</u> ft. WELL'S STATIC WATER LEVEL <u>206</u> ft.												
	WELL WAS USED AS: <table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><u>2 Irrigation</u></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>Capped</u></td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	<u>2 Irrigation</u>	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>Capped</u>
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	Was a chemical / bacteriological sample submitted to Department? Yes No <u>NA</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>NA</u>												

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SRI) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
Blank casing diameter <u>16</u> in. Was casing pulled? Yes No <u>X</u> Casing height above or below land surface in. If yes, how much

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other <u>Capped</u>
Grout Plug Intervals:	From ft. to ft.	From ft. to ft.	From ft. to ft.	From ft. to ft.
What is the nearest source of possible contamination:				
1 Septic tank	8 Seepage pit	11 Fuel storage	16 Other (specify below)	
2 Sewer lines	7 Pit privy	12 Fertilizer storage	<u>None</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

No contamination source

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>capped</u> under my jurisdiction and was completed on (mo/day/year) <u>03-11-2009</u>	and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. <u>033</u>	This Water Well Record was completed on (mo/day/year)
by (signature) <u>Jerry Kriebell</u> under the business name of <u>DMW Well and Pump</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.