

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Clay	SE 1/4 SE 1/4 SE 1/4	4	10	2 E

Distance and direction from nearest town or city street address of well if located within city?
 2 miles north and 6.5 miles west of Longford

2 WATER WELL OWNER: Marvin Macy

RR#, St. Address, Box #: 450 Jayhawk Rd Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Longford KS 67485 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL.....48.....ft.																								
<p style="text-align: center;">N</p> <table border="1" style="width: 100px; height: 100px; margin: auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>N W</td><td></td><td>N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td>S W</td><td></td><td>S E</td></tr> <tr><td></td><td></td><td></td><td style="text-align: right;">X</td></tr> <tr><td></td><td></td><td></td><td style="text-align: center;">S</td></tr> </table>							N W		N E	W			E		S W		S E				X				S	WELL'S STATIC WATER LEVEL.....39.....ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> Feedlot 7 Lawn and Garden Only 11 Injection Well <input type="checkbox"/> Industrial 8 Air Conditioning 12 Other.....	
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W			E																								
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			S																								
Was a chemical/bacteriological sample submitted to Department? Yes....No <input checked="" type="checkbox"/> . If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... <input checked="" type="checkbox"/> No.....																											

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 Rock (hand dug)

Blank casing diameter.....30.....in. Was casing pulled? Yes.. No..... If yes, how much...5'
 Casing height above or below land surface.....60.....in.

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

Grout Plug Intervals: From...4.5ft. to...5ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

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 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well

Direction from well? East How many feet? 1,420

FROM	TO	PLUGGING MATERIALS
48'	39'	Sand
39'	5'	Subsoil
5'	4.4'	Bentonite
4.5'	0'	Topsoil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/14/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 003 This Water Well Record was completed on (mo/day/year) 3/17/97 under the business name of Marvin Macy by (signature) Marvin Macy

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.