

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: JEFFERSON		NE ¼ SW ¼ NE ¼	35	T 11 S	R 19 E/W
Distance and direction from nearest town or city street address of well if located within city? 1 north of Lawrence					
2 WATER WELL OWNER:	N.R. Hamm Quarry, Inc.				
RR#, St. Address, Box # :	P.O. Box 17	WELL #3		Board of Agriculture, Division of Water Resources	
City, State, ZIP Code :	Perry, KS 66073	Plugging Report		Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL . . . 79 . . . ft. ELEVATION:				
 N E S W	Depth(s) Groundwater Encountered 1.ft. 2.ft. 3.ft. WELL'S STATIC WATER LEVEL . . . 50'-8". ft. below land surface measured on mo/day/yr . . . 10-21-92 . . . Pump test data: Well water wasft. after . . . hours pumping . . . gpm Est. Yield . . . gpm: Well water wasft. after . . . hours pumping . . . gpm Bore Hole Diameterin. toft., andin. toft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well ...Landfill sampling... 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:				
	Blank casing diameter 4" . . . in. toft., Diain. toft., Diain. toft. Casing height above land surface . . . 24'. . . in., weight . . . lbs./ft. Wall thickness or gauge No. . . .				
	TYPE OF SCREEN OR PERFORATION MATERIAL:				
SCREEN OR PERFORATION OPENINGS ARE:					
SCREEN-PERFORATED INTERVALS:					
GRAVEL PACK INTERVALS:					
6 GROUT MATERIAL:					
Grout Intervals: From . . . 3 . . . ft. to . . . 79 . . . ft., From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
What is the nearest source of possible contamination:					
Direction from well?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
					0-3 Clay
					3-79 neat cement w/ 25% bentonite
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . 10-21-92 . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . 182 . . . This Water Well Record was completed on (mo/day/yr) . . . 11-9-92 . . . under the business name of STRADER DRILLING CO., INC. by (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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.