

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>WABAUNSEE</u>	<u>NE</u> 1/4 1/4 1/4	<u>36</u>	<u>13</u>	<u>12 E</u>

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

2 WATER WELL OWNER: TOMAS CLEMENTS
 RR #, St. Address, Box #: RR1 Box 37A Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: ESKRIDGE, KS 66432 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
			X
NW		NE	
W			E
SW		SE	
S			

4 DEPTH OF WELL 7 ft
 WELL'S STATIC WATER LEVEL 1 ft.
 WELL WAS USED AS:
 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

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:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	<u>hand dug 4 1/2'</u>

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:

<input checked="" type="checkbox"/> 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="checkbox"/> 14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? west How many feet?

FROM	TO	PLUGGING MATERIALS
<u>2 1/2'</u>	<u>7'</u>	<u>fill dirt</u>
<u>1 1/2'</u>	<u>2 1/2'</u>	<u>bentonite</u>
<u>0'</u>	<u>1 1/2'</u>	<u>washed rock gravel</u>
<u>0'</u>		<u>clorox</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-31-01 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 Bob's Backhoe Service
 by (signature) Bob Logan

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.