

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	LYON	NE 1/4 NE 1/4 NE 1/4	1	18	10E

Distance and direction from nearest town or city street address of well if located within city?  
 6th & Hackberry Americus KS. SE corner

2 WATER WELL OWNER: JT KANNADY  
 RR#, St. Address, Box #: 7433 N MERIDIAN  
 City, State, ZIP Code: VALLEY CENTER MO 67147  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4	DEPTH OF WELL.....ft. 18																								
<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td>W</td><td></td><td>E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td>S</td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>						N	W		E	W			E		S		E									WELL'S STATIC WATER LEVEL.....ft. 6.5 WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Lawn and Garden Only <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other..... 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.....	
N	W		E																								
W			E																								
	S		E																								

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) LIMESTONE  
 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 5 ft. to 4 1/2 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) SURFACE WATER  
 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? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
18	11 1/2	SAND
11 1/2	5	ROCK - DIRT
5	4 1/2	BENTONITE
4 1/2	0	DIRT

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) OCT 2 1975 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) Bob Jackson

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.