

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>Lyon</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>5</u>	<u>19</u>	<u>12</u>

Distance and direction from nearest town or city street address of well if located within city?
10 miles East, 1/2 miles North of Emporia, 4 1/2 miles North of Westholer Rapids

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
	<u>John Flott</u>	Application Number:
	RR#, St. Address, Box #: <u>1141 Road M</u>	
	City, State, ZIP Code : <u>Emporia KS 66839</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N																																			
<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>N</td> <td>W</td> <td></td> <td>N</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>W</td> <td></td> <td></td> <td></td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>S</td> <td>W</td> <td></td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						X		N	W		N						W				E							S	W		S					
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4	DEPTH OF WELL..... <u>27</u>ft.												
	WELL'S STATIC WATER LEVEL..... <u>9</u>ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>Abandoned</u>.....</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other <u>Abandoned</u>
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	Was a chemical/bacteriological sample submitted to Department? Yes....No <u>X</u> ..												
	If yes, mo/day/yr sample was submitted.....												
	Water Well Disinfected: Yes <u>X</u> ... No.....												

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter..... <u>7.2</u>in. Was casing pulled? Yes <u>X</u> ... No..... If yes, how much... <u>7.2</u>										
	Casing height above or below land surface.....in.										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other.....																				
	Grout Plug Intervals: From <u>4.5</u> ft. to <u>5</u> ft., From.....ft. toft., From..... to.....ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? <u>North East</u> How many feet? <u>6'</u>																				

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>4.5</u>	<u>Clay</u>
<u>4.5</u>	<u>5.0</u>	<u>Bentonite</u>
<u>5'</u>	<u>9'</u>	<u>clay + rock</u>
<u>9</u>	<u>12'</u>	<u>chat + rock</u>
<u>12'</u>	<u>27</u>	<u>chat</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>Oct 15, 1998</u> 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) <u>John Flott</u>
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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.