				
1 LOCATION OF WATER WELL:	Fraction SE NE 1/4 1/4 1/4	Section Number	Township Number	Range Number
county: Chase	1/4 1/4 1/4	24	19	1/±
Distance and direction from nearest town or city street address of well if located within city? 2 West 14 South Strong City				
2 WATER WELL OWNER: KENCLOYK,				
2 West 14 South Strong City 2 WATER WELL OWNER: Ken Clark. RR#, St. Address, Box #: 1686 Timothy. City, State, ZIP Code: Wichita KS.67212 Application Number:				
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
WELL WAS USED AS:				
W X N E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	5 Public Water Supp 6 Oil Field Water S 7 Lawn and Garden C 8 Air Conditioning	Supply 9 Dewatering Supply 10 Monitoring Only 11 Injection 12 Other	g g Well Well
S E Was a chemical/bacteriological sample submitted to Department? YesNo.X. If yes, mo/day/yr sample was submitted				
Water Well Disinfected: Yes. X 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 Blank casing diameter				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 1 7 Pit privy 1 8 Sewage lagoon 1 9 Feedyard 1 10 Livestock pens 1	3 Insecticide stora 4 Abandoned water w 5 Oil well/Gas well	ge ell / .	cify below)
Direction from well? Abandoned Pens, 20 +				
	UGGING MATERIALS	well 1	102. Bar	n Lot
7 22. Beni	tonite.	Disine	ect 3gal & 22 with F	3/ezch.
22 30 Pac	KGravel	Fill to	22 with F	ack Grove
		Filled To	o Musith Bo	entourte
		DUGOUT	rt, Placed	Restaute
		oven.	23 ing4 H	Acra.
		Fround	Casing Fi	ited
CONTRACTOR'S OR LANDOWNER'S CERIIEICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.				