	1			
LOCATION OF WATER WELL:	Fraction SE NE	Section Number JH	Township Number	Range Number
County: Chase 1/4 1/4 24 1/9 7E  Distance and direction from nearest town or city street address of well if located within city?				
2Wt/ South Strong City.				
2  WATER WELL OWNER: Ken Clark.				
RR#, St. Address, Box #: 1686 Timothy.  City, State, ZIP Code: Wichitals 67212. Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.				
AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL				
WELL WAS USED AS:				
N'W N'E Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well				
	3 Feedlot E 4 Industrial		Only 11 Injection 12 Other	Well
	- Tridaber rat	o Arr congretoring	in deficient	
S'W————————————————————————————————————				
Water Well Disinfected: Yes. X No				
5 TYPE OF BLANK CASING USED:				
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)				
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameterin. Was casing pulled? Yes. X No. X If yes, how much				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout				
Grout Plug Intervals: From. Bft. to. 22ft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)				
(3)Watertight sewer lines	8 Sewage lagoon	12 Fertilizer storag 13 Insecticide stora	ige	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well? South East How many feet? 50				
FROM TO PLUGGING MATERIALS 1-11 1/1 1 1/2/15C-124			isc well	
8' 22' Bentonie		Disinfec	t 398 Blea 12 with P	Cha Cheve
22 42 Well	Pack	Fill to	22 WITH P	ack, the
		1 3111 70	Cr., J )   Tr ( R)C P	1000-
Remi	ove odd			
Well	1. Casing	with Bent This was	a Dug	
To 8"		8 Deep	リルコルピード	illed.
		TOSI	reace with	CBY.
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
by (signature)				
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.				