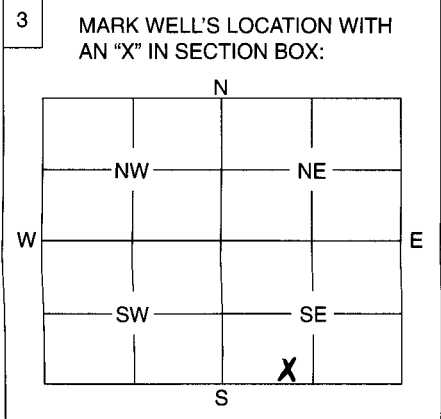


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Washington</u>	<u>SE 1/4 SW 1/4 SE 1/4</u>	<u>35</u>		<u>1</u>		<u>2</u>	<u>(EW)</u>

Distance and direction from nearest town or city street address of well if located within city?
5 miles north and 1/2 mile west of Morrowville, KS

2	WATER WELL OWNER: <u>Cecil Grover</u> <u>2203 Indian Rd</u> RR #, St. Address, Box #: City, State, ZIP Code : <u>Morrowville, KS 66958</u>	Board of Agriculture, Division of Water Resources Application Number: _____
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4 DEPTH OF WELL 63 ft.
 WELL'S STATIC WATER LEVEL 41 ft.

WELL WAS USED AS:

<input checked="" type="radio"/> 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:

<input checked="" type="radio"/> 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 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 3 ft. to 6 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)
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
<u>63</u>	<u>22</u>	<u>Chlorinated Sand</u>
<u>22</u>	<u>6</u>	<u>Subsoil Fill</u>
<u>6</u>	<u>3</u>	<u>Bentonite Plug</u>
<u>3</u>	<u>0</u>	<u>Topsoil</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) X Cecil Grover Under the business name of by (signature) X Cecil Grover

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.