

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	CLAY	NE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	13	T-6-S	R-2-E EW

Distance and direction from nearest town or city street address of well if located within city?

FROM MORGANVILLE 60 5 MILES NORTH + 3 MILES EAST

2	WATER WELL OWNER: BRYANT JOHNSON	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: 1262 29 th RD.	Application Number:
	City, State, ZIP Code : CLIFTON KS 66937	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 8 $\frac{1}{2}$ ft.
			WELL'S STATIC WATER LEVEL 6 $\frac{1}{2}$ ft.
			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 Domestic (Lawn & Garden) <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

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 ROCK
	Blank casing diameter 3.6 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much 4 FT Casing height above or below land surface 4.8 in. BELOW

6	GROUT PLUG MATERIAL:	1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other
	Grout Plug Intervals:	From 4 ft. to 3 $\frac{1}{2}$ 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) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines <input checked="" type="checkbox"/> 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? S/W How many feet? 350	

FROM	TO	PLUGGING MATERIALS
8 $\frac{1}{2}$	6 $\frac{1}{2}$	WASHED ROCK
6 $\frac{1}{2}$	4	SOIL- DIRT
4	3 $\frac{1}{2}$	BENTONITE
3 $\frac{1}{2}$	0	DIRT

LAT 39.538395
 LON -97.152542
 DROID RAZER M
 EST
 ACCURACY 5-15 M

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/11/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 647 This Water Well Record was completed on (mo/day/year) 9/15/14 under the business name of MEL'S PUMP AND PLUMBING, INC by (signature) Melvin M Anderson
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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, 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.