
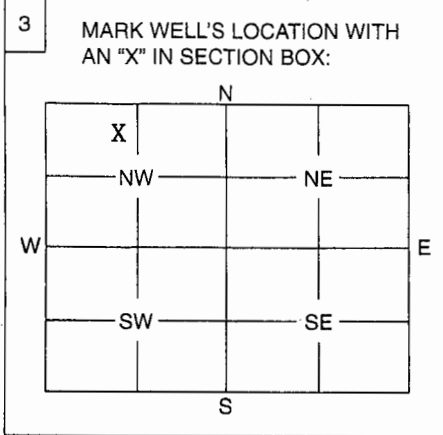


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <b>Cowley</b>	<b>NE 1/4 NW 1/4 NW 1/4</b>	<b>6</b>	<b>35</b>	<b>4</b> 

Distance and direction from nearest town or city street address of well if located within city?  
**1800 S. Summit, Arkansas City, Kansas**

2	WATER WELL OWNER: <b>John Morrell &amp; Co.</b>	RR #, St. Address, Box #: <b>1400 N. Webber Ave.</b>	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: <b>Sioux Falls, SD 57103</b>	Application Number:	



4	DEPTH OF WELL ..... <b>22</b> ..... ft.												
	WELL'S STATIC WATER LEVEL ..... <b>13.75</b> ..... 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><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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	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 ..... No <input checked="" type="checkbox"/> .....												

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td><input checked="" type="checkbox"/> 1 Steel</td> <td><input type="checkbox"/> 3 RMP (SR)</td> <td><input type="checkbox"/> 5 Wrought</td> <td><input type="checkbox"/> 7 Fiberglass</td> <td><input type="checkbox"/> 9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td><input type="checkbox"/> 4 ABS</td> <td><input type="checkbox"/> 6 Asbestos-Cement</td> <td><input type="checkbox"/> 8 Concrete Tile</td> <td>.....</td> </tr> </table>	<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)	<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	.....
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	Blank casing diameter ..... <b>2</b> ..... in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ..... If yes, how much ..... <b>22'</b> .....										
	Casing height above or below land surface ..... <b>n/a</b> ..... in.										

6	GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other .....																				
	Grout Plug Intervals: From ..... <b>0</b> ..... ft. to ..... <b>22</b> ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.																				
	What is the nearest source of possible contamination:																				
	<table border="0"> <tr> <td><input type="checkbox"/> 1 Septic tank</td> <td><input type="checkbox"/> 6 Seepage pit</td> <td><input checked="" type="checkbox"/> 17 Fuel storage</td> <td><input type="checkbox"/> 16 Other (specify below)</td> </tr> <tr> <td><input type="checkbox"/> 2 Sewer lines</td> <td><input type="checkbox"/> 7 Pit privy</td> <td><input type="checkbox"/> 12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td><input type="checkbox"/> 3 Watertight sewer lines</td> <td><input type="checkbox"/> 8 Sewage lagoon</td> <td><input type="checkbox"/> 13 Insecticide storage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4 Lateral lines</td> <td><input type="checkbox"/> 9 Feedyard</td> <td><input type="checkbox"/> 14 Abandoned water well</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5 Cess pool</td> <td><input type="checkbox"/> 10 Livestock pens</td> <td><input type="checkbox"/> 15 Oil well/Gas well</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input checked="" type="checkbox"/> 17 Fuel storage	<input type="checkbox"/> 16 Other (specify below)	<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	.....	<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage		<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well		<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	
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	Direction from well? ..... <b>WNW</b> ..... How many feet? ..... <b>300</b> .....																				

FROM	TO	PLUGGING MATERIALS
0	22	Bentonite

KDHE Project Code 02018570  
 GeoCore #220

**RECEIVED**  
**SEP 14 2004**  
**BUREAU OF WATER**  
 MW10

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>8/25/2004</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>527</b> ..... This Water Well Record was completed on (mo/day/year) ..... <b>9/13/04</b> ..... under the business name of ..... <b>GeoCore, Inc.</b> ..... by (signature) ..... <i>Don A. Kelly</i> .....
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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.