

1 LOCATION OF WATER WELL: <i>Nemaha</i>	Fraction <i>1/4 1/4 SE 1/4</i>	Section Number <i>25</i>	Township Number <i>4</i>	Range Number <i>11</i>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: *Raymond Petrey*  
 RR#, St. Address, Box #: *705 1st. St. Box 185*  
 City, State, ZIP Code: *Centralia, KS 66415*  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100%; text-align:center; border-collapse: collapse;"> <tr><td> </td><td>N W</td><td> </td><td>N E</td></tr> <tr><td>W</td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td>S W</td><td> </td><td>S E</td></tr> <tr><td> </td><td> </td><td>X</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>S</td></tr> </table>		N W		N E	W					S W		S E			X					S	4 DEPTH OF WELL..... <i>32</i> .....ft. WELL'S STATIC WATER LEVEL..... <i>25</i> .....ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic    5 Public Water Supply    9 Dewatering <input type="checkbox"/> Irrigation    6 Oil Field Water Supply    10 Monitoring Well <input type="checkbox"/> Feedlot    7 Lawn and Garden Only    11 Injection Well <input type="checkbox"/> Industrial    8 Air Conditioning    12 Other..... Was a chemical/bacteriological sample submitted to Department? Yes... <input checked="" type="checkbox"/> No... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: <input checked="" type="checkbox"/> Yes..... No.....
	N W		N E																		
W																					
	S W		S E																		
		X																			
			S																		

5 TYPE OF CASING USED:  
 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass     Other (specify below) *clay tile*  
 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile  
 Blank casing diameter...*8*.....in.    Was casing pulled? Yes...  No..... If yes, how much...*3* ft..  
 Casing height above or below land surface.....*0*.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout     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     Other (specify below) *crop field*  
 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? .....*Surrounding*.....    How many feet? .....*50*.....

FROM	TO	PLUGGING MATERIALS
<i>32'</i>	<i>6'</i>	<i>Sand</i>
<i>6'</i>	<i>3'</i>	<i>Bentonite</i>
<i>3'</i>	<i>0</i>	<i>Topsoil</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....*1-5-95*..... and this record is true to the best of my knowledge and belief. Kansas later Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) .....  
 by (signature) *Raymond Petrey*

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.