

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>CLAY</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>13</u>	<u>T-6-S</u>	<u>R 2 E</u> E/W

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

FROM MORGANVILLE 6.05 MILES NORTH + 3 MILES EAST

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

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>11 1/2</u> ft.
			WELL'S STATIC WATER LEVEL <u>10 1/2</u> 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 <u>ROCK</u>
	Blank casing diameter <u>3 1/2</u> in.    Was casing pulled? Yes <input checked="" type="checkbox"/> ..... No .....    If yes, how much <u>4 FT</u> .....
	Casing height above or below land surface <u>48</u> in. <u>BELOW</u>

6	GROUT PLUG MATERIAL:
	1 Neat cement    2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite    4 Other ..... Grout Plug Intervals: From <u>4</u> ft. to <u>3 1/2</u> 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? <u>S.W.</u> How many feet? <u>300</u>

FROM	TO	PLUGGING MATERIALS
16 FT	10 1/2 FT	WASHED ROCK
10 1/2	4	SOIL - DIRT
4	3 1/2	BENTONITE
3 1/2	0	SOIL - DIRT

LAT 39.538249  
LONG -97.152154  
DROID RAZR 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) <u>9/11/14</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>647</u> This Water Well Record was completed on (mo/day/year) <u>9/15/14</u> under the business name of <u>MEL'S PUMP &amp; PLUMBING INC</u> by (signature) <u>Melvin M. Anderson</u>
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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.