

1 LOCATION OF WATER WELL:	Fraction <u>SW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>27 34</u>	Township Number <u>6</u>	Range Number <u>3 E</u>																								
County: <u>Clay 014</u>																												
Distance and direction from nearest town or city street address of well if located within city? <u>1.75 miles North and 6 miles east of Morganville</u>																												
2 WATER WELL OWNER: <u>Scott W. Taddiken</u>																												
RR#, St. Address, Box #: <u>1444 26th Rd RR 1</u> Board of Agriculture, Division of Water Resources City, State, ZIP Code : <u>Clay Center, KS 67432</u> Application Number:																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N		4 DEPTH OF WELL..... <u>10</u> .....ft. WELL'S STATIC WATER LEVEL..... <u>9</u> .....ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> 1 Domestic  <input type="radio"/> 2 Irrigation  <input type="radio"/> 3 Feedlot  <input type="radio"/> 4 Industrial </div> <div> <input type="radio"/> 5 Public Water Supply  <input type="radio"/> 6 Oil Field Water Supply  <input type="radio"/> 7 Lawn and Garden Only  <input type="radio"/> 8 Air Conditioning </div> <div> <input type="radio"/> 9 Dewatering  <input type="radio"/> 10 Monitoring Well  <input type="radio"/> 11 Injection Well  <input type="radio"/> 12 Other..... </div> </div>																										
		Was a chemical/bacteriological sample submitted to Department? Yes.... No <input checked="" type="checkbox"/> <u>X</u> .. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes <input checked="" type="checkbox"/> <u>X</u> ... No.....																										
5 TYPE OF BLANK CASING USED: <input checked="" type="radio"/> 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below) <input type="radio"/> 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile																												
Blank casing diameter.....in.    Was casing pulled? Yes..... No <input checked="" type="checkbox"/> <u>X</u> ... If yes, how much..... Casing height above or below land surface.....in.																												
6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement-grout <input checked="" type="radio"/> 3 Bentonite    4 Other..... Grout Plug Intervals: From <u>9</u> ..ft. to <u>9.5</u> ..ft., From.....ft. to .....ft., From..... to.....ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank  2 Sewer lines  3 Watertight sewer lines  4 Lateral lines  5 Cess Pool </div> <div> 6 Seepage pit  7 Pit privy  8 Sewage lagoon  9 Feedyard  <input checked="" type="radio"/> 10 Livestock pens </div> <div> 11 Fuel storage  12 Fertilizer storage  13 Insecticide storage  14 Abandoned water well  15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div> Direction from well? <u>West</u> .....    How many feet? <u>5280</u> .....																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>10</u></td> <td><u>9</u></td> <td><u>Sand</u></td> </tr> <tr> <td><u>9</u></td> <td><u>9.5</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>9.5</u></td> <td><u>0</u></td> <td><u>Dirt</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	<u>10</u>	<u>9</u>	<u>Sand</u>	<u>9</u>	<u>9.5</u>	<u>Bentonite</u>	<u>9.5</u>	<u>0</u>	<u>Dirt</u>												
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>11/19/95</u> ..... 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)..... <u>2/23/95</u> ..... under the business name of ..... by (signature) <u>Scott W. Taddiken</u> .....																												
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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																												