

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Clay	NW¼ NW¼ NE¼	24	7	2

Distance and direction from nearest town or city street address of well if located within city?
 3 miles north and 1½ miles west of Clay Center

2 WATER WELL OWNER: Eugene Carlson, etal
 RR #, St. Address, Box #: 1072 22nd Road Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Clay Center, KS 67432 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 101 ft
		WELL'S STATIC WATER LEVEL 54 ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> 4 Industrial 8 Air Conditioning 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
 Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much
 Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Plug Intervals: From 5 ft. to 8 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? How many feet?

FROM	TO	PLUGGING MATERIALS
0	5	Topsoil
5	8	Bentonite
8	54	Clay Subsoil
54	101	Chlorinated Sand

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03/25/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 03/25/04 This Water Well Record was completed on (mo/day/year) 03/25/04 under the business name of Eugene Carlson by (signature) Eugene Carlson

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.