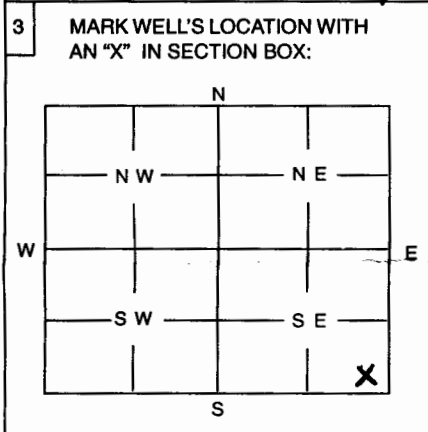


| | | | | | |
|---------|-------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: | <i>Clay</i> | <i>SE 1/4 SE 1/4 SE 1/4</i> | <i>31</i> | <i>7</i> | <i>3E</i> |

Distance and direction from nearest town or city street address of well if located within city?
North edge of Clay Center - 1903 Navajo Road

| | | |
|---------------------------|-------------------------------------|---|
| 2 | WATER WELL OWNER: <i>Mark Meier</i> | Board of Agriculture, Division of Water Resources |
| RR #, St. Address, Box #: | <i>1903 Navajo Rd</i> | Application Number: |
| City, State, ZIP Code : | <i>Clay Center KS 67432</i> | |



| | | |
|---|--|--|
| 4 | DEPTH OF WELL <i>110</i> ft | |
| | WELL'S STATIC WATER LEVEL <i>67</i> ft. | |
| WELL WAS USED AS: | | |
| <input checked="" type="radio"/> 1 Domestic | <input type="radio"/> 5 Public Water Supply | <input type="radio"/> 9 Dewatering |
| <input type="radio"/> 2 Irrigation | <input type="radio"/> 6 Oil Field Water Supply | <input type="radio"/> 10 Monitoring Well |
| <input type="radio"/> 3 Feedlot | <input type="radio"/> 7 Domestic (Lawn & Garden) | <input type="radio"/> 11 Injection Well |
| <input type="radio"/> 4 Industrial | <input type="radio"/> 8 Air Conditioning | <input type="radio"/> 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: | | | |
| <input checked="" type="radio"/> 1 Steel | <input type="radio"/> 3 RMP (SR) | <input type="radio"/> 5 Wrought | <input type="radio"/> 7 Fiberglass | <input type="radio"/> 9 Other (Specify below) |
| <input type="radio"/> 2 PVC | <input type="radio"/> 4 ABS | <input type="radio"/> 6 Asbestos-Cement | <input type="radio"/> 8 Concrete Tile | |
| Blank casing diameter <i>6</i> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much | | | | |
| Casing height above or below land surface <i>48</i> in. <i>below</i> | | | | |

| | | | |
|---|--|--|---|
| 6 | GROUT PLUG MATERIAL: <input type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other | | |
| Grout Plug Intervals: From <i>4</i> ft. to <i>7</i> ft., From ft. to ft., From to ft. | | | |
| What is the nearest source of possible contamination: | | | |
| <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 11 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 | |
| Direction from well? | | How many feet? | |

| FROM | TO | PLUGGING MATERIALS |
|-----------|------------|--------------------------|
| <i>0</i> | <i>4</i> | <i>Pit / Crawl Space</i> |
| <i>4</i> | <i>7</i> | <i>Bentonite</i> |
| <i>7</i> | <i>67</i> | <i>Clay Subsoil</i> |
| <i>67</i> | <i>110</i> | <i>Chlorinated Sand</i> |
| | | |
| | | |

| | |
|--|---|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) |
| by (signature) X <i>Mark A. Meier</i> under the business name of <i>11-12-05</i> | |

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.