

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Clay</b>	<b>SE 1/4 SE 1/4 SW 1/4</b>	<b>34</b>	<b>7</b>	<b>3</b>

Distance and direction from nearest town or city street address of well if located within city?  
**2 miles east of Clay Center**

2 WATER WELL OWNER: **Benson Farms Inc**  
 RR#, St. Address, Box #: **1869 19th Rd** 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: N	4 DEPTH OF WELL..... <b>100</b> .ft. WELL'S STATIC WATER LEVEL..... <b>72</b> .ft. WELL WAS USED AS: <input checked="" type="radio"/> 1 Domestic      5 Public Water Supply      9 Dewatering <input type="radio"/> 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well <input type="radio"/> 3 Feedlot      7 Lawn and Garden Only      11 Injection Well <input type="radio"/> 4 Industrial      8 Air Conditioning      12 Other.....
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N	W	N	E
W			E
S	W	S	E
	<b>X</b>		
	S		

Was a chemical/bacteriological sample submitted to Department? Yes....No...  
 If yes, mo/day/yr sample was submitted.....  
 Water Well Disinfected: Yes... 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 **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     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
<b>0</b>	<b>3</b>	<b>Soil</b>
<b>3</b>	<b>6</b>	<b>Bentonite</b>
<b>6</b>	<b>72</b>	<b>Clay Soil</b>
<b>72</b>	<b>100</b>	<b>Chlorinated Sand</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....**6/1/06**..... 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) **6/6/06**..... under the business name of .....  
 by (signature) **R. J. B...**

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.