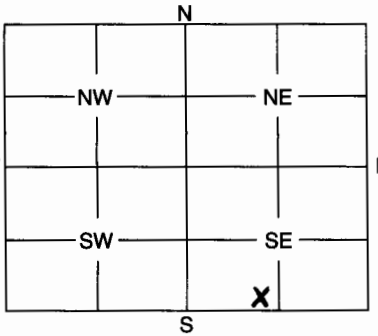


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Clay</u>	<u>SE 1/4 SW 1/4 SE 1/4</u>	<u>18</u>	<u>7</u>	<u>3</u> EW

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

2 WATER WELL OWNER: Robert Rott
 RR #, St. Address, Box #: PO, Box 135
 City, State, ZIP Code: Clay Center, KS 67432
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL ft. WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No</p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
1 Domestic	5 Public Water Supply	9 Dewatering											
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4 Industrial	8 Air Conditioning	12 Other											



5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<input checked="" type="checkbox"/> 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 48" in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: From ft. to 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

A farmer ran over the casing and broke the casing 3' below ground level. we dug down, cut casing off, and brought it back up to approx. 4' above ground level. we also chlorinated when finished

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/31/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 647 This Water Well Record was completed on (mo/day/year) _____ under the business name of Mets Pump & Plumbing by (signature) [Signature]

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.