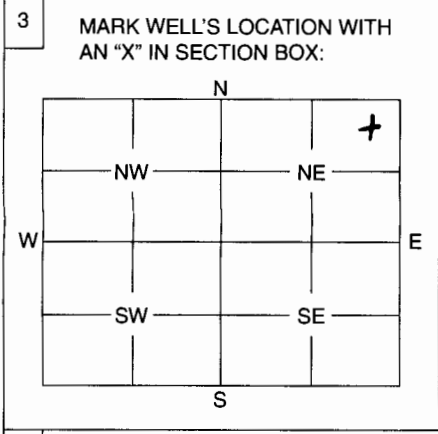


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: CLAY NE 1/4 NE 1/4 NE 1/4 7 T-8-S R-1-E EW

Distance and direction from nearest town or city street address of well if located within city?
11 MILES WEST OF CLAY CENTER KS.

2 WATER WELL OWNER: DOUG COWPAL
 RR #, St. Address, Box #: 190 18th RD
 City, State, ZIP Code : MILTONVALE KS 67460 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 79 ft.
 WELL'S STATIC WATER LEVEL 57 ft.
 WELL WAS USED AS:
 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

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 BELOW 4.8 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

Direction from well? EAST How many feet? 150

FROM	TO	PLUGGING MATERIALS
<u>79</u>	<u>5 FT</u>	<u>BENTONITE</u>
<u>5</u>	<u>0</u>	<u>SOIL</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/23/15 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) 10/23/15 under the business name of MEL'S PUMP AND PLUMBING INC. by (signature) Melvin M Anderson

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.