

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Clay</u>		SE / <u>1/4</u> NE <u>1/4</u> NE	<u>19</u>	<u>8</u>	<u>3 E</u>

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

2 WATER WELL OWNER: Carlson Heating & Air
 RR#, St. Address, Box #: 314 W. Lincoln St. 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

	N W		N E <input checked="" type="checkbox"/>
W			E
	S W		S E
			S

4 DEPTH OF WELL 165-150-135-120....ft.
 WELL'S STATIC WATER LEVEL.....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 Lawn and Garden Only 11 Injection Well
 4 Industrial 8 Air Conditioning Other Heat Pump.....
 1 @ 165; 1 @ 150; 1 @ 135; 1 @ 120 ft.
 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 Other (specify below)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Polyethylene.....
 Blank casing diameter...3/4....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 Bentonite 4 Other.....
 Grout Plug Intervals: From..0...ft. to..165..ft., From..0...ft. to..150..ft., From..0.. to..135..ft.
 What is the nearest source of 0 ft. to 120 ft. possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 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?East..... How many feet?100..ft.....

FROM	TO	PLUGGING MATERIALS
0	2	Top Soil
2	13	Tan Clay
13	21	Gray clay
21	34	Tan Clay
34	55	Gray Sandy Clay
55	62	Fine Sand
62	67	Fractured Shale

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)...12-20-95..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138..... This Water Well Record was completed on (mo/day/year) ..1-15-96..... under the business name of Peterson Irrigation, Inc...... by (signature) M. Peterson.....

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.