

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: Clay	SW ¼ NW ¼ NW ¼	8		8 S		3	EW

Distance and direction from nearest town or city street address of well if located within city?
200' N of Lincoln Ave., Clay Center

2	WATER WELL OWNER: Eagles Lodge #3650 419 Lincoln Ave. RR #, St. Address, Box #: Clay Center, KS 67432 City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">3</td> <td style="width:25%;">MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</td> </tr> <tr> <td colspan="2" style="text-align:center;"> </td> </tr> </table>	3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">4</td> <td style="width:25%;">DEPTH OF WELL31..... ft.</td> </tr> <tr> <td></td> <td>WELL'S STATIC WATER LEVEL ...24.25. ft.</td> </tr> <tr> <td></td> <td>WELL WAS USED AS:</td> </tr> <tr> <td></td> <td> <table style="width:100%;"> <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> </td> </tr> <tr> <td></td> <td>Was a chemical / bacteriological sample submitted to Department? Yes No X..... If yes, mo/day/yr sample was submitted</td> </tr> <tr> <td></td> <td>Water Well Disinfected: Yes No X.....</td> </tr> </table>	4	DEPTH OF WELL 31 ft.		WELL'S STATIC WATER LEVEL ... 24.25 . ft.		WELL WAS USED AS:		<table style="width:100%;"> <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>	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 X If yes, mo/day/yr sample was submitted		Water Well Disinfected: Yes No X
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5	TYPE OF BLANK CASING USED:	<table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td>.....</td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile
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	Blank casing diameter 6 in.	Was casing pulled? Yes No X If yes, how much										
	Casing height above or below land surface 72 in.	(beneath basement of building)										

6	GROUT PLUG MATERIAL:	<table style="width:100%;"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td>3 Bentonite</td> <td>4 Other</td> </tr> </table>	1 Neat cement	2 Cement grout	3 Bentonite	4 Other															
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	Grout Plug Intervals:	From 0 ft. to 15 ft., From 15 ft. to 21 ft., From to																			
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	Direction from well?	How many feet?																			

FROM	TO	PLUGGING MATERIALS
0	15	Cement grout
15	21	Bentonite
21	31	Sand

GeoCore #900

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/19/2005 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 1/20/2005 under the business name of GeoCore Inc. by (signature) <i>Dale A. Kelly</i>
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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.