

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: CLAY	MN 1/4 SW 1/4 NE 1/4	360	T-8-S	R-3-E_{EW}

Distance and direction from nearest town or city street address of well if located within city?
4 MILES SOUTH EAST OF CLAY CENTER

2 WATER WELL OWNER: **HELEN HOLSTON**
 RR #, St. Address, Box #: **1839 BROUGHTON 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:	4 DEPTH OF WELL 54 ft.											
	WELL'S STATIC WATER LEVEL 45 ft.											
	WELL WAS USED AS:											
	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering	<input type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	<input type="checkbox"/> 4 Industrial	8 Air Conditioning
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Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>												
If yes, mo/day/yr sample was submitted												
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No												

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<input 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 **6 FT** ←

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

Grout Plug Intervals: From **54** ft. to **60** 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	<input checked="" type="checkbox"/> 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
54	7	BENTONITE
7	60	CEMENT

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **9/21/06** 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) **10/8/06** under the business name of **MEL'S PUMP & PLUMBING** 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.