1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
니 County: clay	NC 1/45W1/4 _{SW} 1/4	1	8	3
Distance and direction from			located within city?	
2 WATER WELL OWNER: Harold Habuetzel 1702 Quail Rd				
RR#, St. Address, Box #: Clay Center KS, Board of Agriculture, Division of Water Resources Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVELft.				
N W S E S E	E 3 Feedlot 4 Industrial Was a chemical/bact	5 Public Water Sup 6 Oil Field Water : 7 Lawn and Garden (8 Air Conditioning	Supply 10 Monitorin Only 11 Injection (12)Other	g Well Well S.T.41.K. x
If yes, mo/day/yr sample was submitted,				
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				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonit) 4 Other				
Grout Plug Intervals: From 3ft. toft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines 3 Watertight sewer line 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor (14 Abandoned water 15 Oil well/Gas wel	age well>	ecify below)
Direction from well? How many feet?				
FROM TO	PLUGGING MATERIALS			
Top 3ft Soi	1			
3ft Gft Ben	tonite			
Gft Bottom Sone Chil	d orine		•	
				·
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)?				
by (signature)				
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.				