1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County: Clay			NE 1/4 NE 1/4 SE 1/4	35	9s	2E
Distance and direction from nearest town or city street address of well if located within city?  8 miles west and 1/2 mile north of Wakefield						
City, State, ZIP Code : Clay Cneter KS 67432 Application Number:						
3 MARK WELL'S	S LOCATION	WITH	4 DEPTH OF WELL92			
N			WELL'S STATIC WATER LEVELft.			
			WELL WAS USED AS:			
N W N E			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 12 Other			
s w	s	E	Was a chemical/bacteriological sample submitted to Department? YesNo.X			
			If yes, mo/day/yr sample was submitted  X Water Well Disinfected: Yes No			
S Water Well Disinfected: Yes No						
5 TYPE OF BLANK CASING USED:						
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. 6in. Was casing pulled? Yes No.X If yes, how muchin.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3Bentonite 4 Other						
Grout Plug Intervals: From.8ft. to5ft., Fromft. toft., From toft.						
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 Waterti	ight sewer	lines	8 Sewage lagoon	13 Insecticide store 14 Abandoned water w	age	
©Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? North How many feet?						
FROM 1	FROM TO PLUGGING MATERIALS					
921	81	Sand				
81	.51	Bentoni	.te			
51	01	Topsoil				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 6						
on (mo/day/year).6						
by (signatu	ire) . Ra	y Kee	nder the business name	of		
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks.						
underline or o	ircle the	correct a	nswers. Send top thre	e copies to Kansas D	epartment 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.						