1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County:Clay		SW 1/4 NW1/4 NW1/4	23	9 S	3 E
Distance and direction from nearest town or city street address of well if located within city?					
3 miles East and 2.75 miles North of Wakefield KS					
2 WATER WELL OWNER: Larry Yarrow					
RR#, St. Address, Box #: 974 Quail Rd Board of Agriculture, Division of Water Resources City, State, ZIP Code : ClayCenter KS 67432 Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL			
		WELL'S STATIC WATER LEVEL44ft.			
		WELL WAS USED AS:			
X		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
W		E 4 Industrial	8 Air Conditioning	12 Other	•••••
Was a chemical/bacteriological sample submitted to Department? YesNoX If yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes X No					
S					
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					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From6ft. to3ft., 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 3 Watertight s	ewer lines	/ Pit privy	12 Fertilizer storag	ge	
4 Lateral lines	S	9 Feedyard	14 Abandoned water w 15 Oil well/Gas well	vell	
Direction from well? North East How many feet? 30 feet					
FROM TO	PLU	GGING MATERIALS			
54' 44'	Sand				
44ft 6°ft	Subsoi	1			
6' 3'	Benton	ite			
3- 0'	Topso	il			
		**			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)11/02/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No					
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,					

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.