

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<i>Graham</i>	<i>NE 1/4 NW 1/4 SE 1/4</i>	<i>25</i>	<i>10</i>	<i>25W</i>

Distance and direction from nearest town or city street address of well if located within city?  
*2 mi SO. 2 mi E. (St Petera)*

2 WATER WELL OWNER: *Clarence Pfeifer*  
 RR#, St. Address, Box #: *HCI Box 55* Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: *Morland, KS 67650* Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4	DEPTH OF WELL..... <i>38</i> .....ft. WELL'S STATIC WATER LEVEL..... <i>4</i> .....ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Lawn and Garden Only <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Injection Well <input checked="" type="checkbox"/> Other... <i>cattle</i> .....
		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:  
 Steel     RMP (SR)     Wrought     Fiberglass     Other (specify below)  
 PVC     ABS     Asbestos-Cement     Concrete Tile

Blank casing diameter...*5.5*...in.    Was casing pulled? Yes..... No.. .. If yes, how much.....  
 Casing height above or below land surface.....*4'*.....

6 GROUT PLUG MATERIAL:  Neat cement     Cement grout     Bentonite     Other.....

Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.

What is the nearest source of possible contamination:  
 Septic tank     Seepage pit     Fuel storage     Other (specify below)  
 Sewer lines     Pit privy     Fertilizer storage    *...water well*  
 Watertight sewer lines     Sewage lagoon     Insecticide storage  
 Lateral lines     Feedyard     Abandoned water well  
 Cess Pool     Livestock pens     Oil well/Gas well

Direction from well? *SW*.....    How many feet? ...*300'*.....

FROM	TO	PLUGGING MATERIALS
<i>38</i>	<i>18</i>	<i>Sand</i>
<i>18</i>	<i>16</i>	<i>Cement</i>
<i>16</i>	<i>7</i>	<i>Sand</i>
<i>7</i>	<i>4</i>	<i>Cement</i>
<i>4</i>	<i>0</i>	<i>Casing Removed</i>
		<i>Covered w/ topsoil</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)...*11-26-96* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *003*..... This Water Well Record was completed on (mo/day/year) *11/26/96* under the business name of .....  
 by (signature) *[Signature]*.....

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.