

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County:	Russell	SW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$	8		15		13	EW

Distance and direction from nearest town or city street address of well if located within city?

1/2 mi. N &amp; 1/4 mi. E of intersection of Mitchell Rd. &amp; 188 St., Russell

2	WATER WELL OWNER: NCRA
RR #, St. Address, Box #: PO Box 1404	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : McPherson, KS 67460	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... 72 ..... ft.												
		WELL'S STATIC WATER LEVEL ..... N/A ..... ft.  WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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4 Industrial	8 Air Conditioning	12 Other .....													
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 ..... No ..... <input checked="" type="checkbox"/> .....															

5	TYPE OF BLANK CASING USED:			
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
● PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
Blank casing diameter ..... 2 ..... in. Was casing pulled? Yes ..... <input checked="" type="checkbox"/> ..... No ..... If yes, how much ..... 12' ..... Casing height above or below land surface ..... N/A ..... in.				

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	● Bentonite	● Other ..Native soil.....
Grout Plug Intervals: From ..... 0 ..... ft. to ..... 0.5 ..... ft., From ..... 0.5 ..... ft. to ..... 72 ..... 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	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? ..... How many feet? .....					

FROM	TO	PLUGGING MATERIALS
0	0.5	Native soil
0.5	72	Bentonite

MW1

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 7/23/2008 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 527 ..... This Water Well Record was completed on (mo/day/year) ..... 7/28/2008 ..... under the business name of Geopora Inc. .... by (signature) <i>Paul Bell</i>
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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.