

1	LOCATION OF WATER WELL:	Fraction <u>SE</u> <u>NE</u> <u>SE</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>33</u>	Township Number <u>15</u>	Range Number <u>14</u>	E/W
County: <u>Russell</u>						

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

2	WATER WELL OWNER: <u>Eugene Nuss</u>	
RR #, St. Address, Box #: <u>3010 184th St.</u>		Board of Agriculture, Division of Water Resources
City, State, ZIP Code: <u>Russell, KS 67665</u>		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>13</u> ft.										
		WELL'S STATIC WATER LEVEL <u>0</u> ft.											
		WELL WAS USED AS:											
		<table border="0"> <tr> <td><input checked="" type="radio"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="radio"/> 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="radio"/> 3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="radio"/> 4 Industrial</td> <td>8 Air Conditioning</td> <td><input checked="" type="radio"/> 12 Other <u>Livestock</u></td> </tr> </table>		<input checked="" type="radio"/> 1 Domestic	5 Public Water Supply	9 Dewatering	<input type="radio"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input type="radio"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	<input type="radio"/> 4 Industrial
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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:											
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td><input checked="" type="radio"/> 9 Other (Specify below) <u>Stonepost</u></td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>		1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	<input checked="" type="radio"/> 9 Other (Specify below) <u>Stonepost</u>	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile		
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Blank casing diameter <u>5'</u> Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>TOP 5'</u>												
Casing height above or <u>below</u> land surface <u>5'</u>												

6	GROUT PLUG MATERIAL: <input checked="" type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other																				
Grout Plug Intervals: From <u>6</u> ft. to <u>5</u> ft., From ft. to ft., From to ft.																					
What is the nearest source of possible contamination:																					
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Direction from well? <u>NW</u> How many feet? <u>30'</u>																					

FROM	TO	PLUGGING MATERIALS
<u>13</u>	<u>6</u>	<u>Compacted Clay Soil</u>
<u>6</u>	<u>5</u>	<u>Neat Cement</u>
<u>5</u>	<u>0</u>	<u>Compacted Clay Soil</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9/23/02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>9/23/02</u> under the business name of <u>Bobcat Backhoe Service</u> This Water Well Record was completed on (mo/day/year) <u>9/23/02</u> by (signature) <u>Bobcat Backhoe Service</u>	
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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.