

1	LOCATION OF WATER WELL: County: Russell	Fraction SW 1/4 SW 1/4 NW 1/4	Section 1	Number	Township T 15 S	Range R 14 E	Number (W)																											
Distance and direction from nearest town or city street address of well if located within city? Approximately 7 1/2 miles south and 1 mile east of Russell																																		
2	WATER WELL OWNER: Public Wholesale Water Supply District #15 RR#, St. Address, Box # P.O. Box 220 City, State, ZIP Code Hays, KS 67601 Board of Agriculture, Division of Water Resources Application Number:																																	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="border: 1px solid black; padding: 5px; text-align: center;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> N </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> <td style="width: 25%;">SE</td> <td style="width: 25%;">SW</td> </tr> <tr> <td style="text-align: left;">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 5px;"> S </div> </div>		NW	NE	SE	SW	X								4 DEPTH OF WELL 50 ft WELL'S STATIC WATER LEVEL 13 ft. WELL WAS USED AS: <table style="width: 100%;"> <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 & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other Observation Well</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						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 Observation Well		
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5	TYPE OF BLANK CASING USED: <table style="width: 100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</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> Blank casing diameter 2 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much Cut off Casing height above or below land surface 36 in.							1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																		
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6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From 50 ft. to 3 ft. What is the nearest source of possible contamination: <table style="width: 100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td>None known</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? _____ How many feet? _____							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	None known	4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well								
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-27-03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 3-5-03 under the business name of Clarke Well & Equipment, Inc. by (signature) <i>Paul W. Clarke</i>																																	
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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																		