

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Rush	SW 1/4 SE 1/4 SE 1/4	29	T 18 S	R 18 E <b>W</b>

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

Approximately 1 mile south and 1 1/4 miles west of Rush Center

2	WATER WELL OWNER:	Carol J. Reynolds
RR#, St. Address, Box #	Route 1 - Box 21	Board of Agriculture, Division of Water Resources
City, State, ZIP Code	Rush Center, KS 67575	Application Number: 16,926

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL	61.5	ft		
		WELL'S STATIC WATER LEVEL				27	ft.
		WELL WAS USED AS:					
		1 Domestic	5 Public Water Supply	9 Dewatering			
		<b>2 Irrigation</b>	6 Oil Field Water Supply	10 Monitoring Well			
		3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well			
		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 <input checked="" type="checkbox"/>						No _____	

5	TYPE OF BLANK CASING USED:	1 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		16	in.	Was casing pulled?	Yes	No <input checked="" type="checkbox"/>
Casing height		above or below	land surface	48	in.	If yes, how much Cut off

6	GROUT PLUG MATERIAL:	1 Neat Cement	<b>2 Cement grout</b>	3 Bentonite	4 Other
Grout Plug Intervals:		From 27	ft. to 4	ft.	From _____ ft. to _____ ft. From _____ ft. 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		None known	
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
61.5	27	Chlorinated Sand
27	4	Concrete Grout
4	0	Compacted Soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-26-01 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) 4-9-01 under the business name of Clarke Well & Equipment, Inc. by (signature) _____
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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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.