

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Rush	NE¹/₄ SE¹/₄ NE¹/₄	20	18S	19W

Distance and direction from nearest town or city street address of well if located within city?
1/8 mile N of Neloma 300' west

2 WATER WELL OWNER: **TRAVIS WORTH**
RR 2

RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **McCracken KS 67556** Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4 DEPTH OF WELL..... 38ft. WELL'S STATIC WATER LEVEL... 1.4ft.
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	N	W			
	N	W	N	E	X
W					E
	S	W			
			S	E	

WELL WAS USED AS:

<u>1</u> Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Lawn and Garden Only	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes....No..**X**.
 If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..**X**... No.....

5 TYPE OF BLANK CASING USED:

<u>1</u> 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.....**5**.....in. Was casing pulled? Yes..... No..**X**. If yes, how much.....
 Casing height above or below land surface.....**3.6**.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From **20**.ft. to **3**.ft., From.....ft. toft., 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
38	24	GRAVEL
24	20	CLAY
20	3	bentonite
3	0	TOPSOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **12-15-95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **424**..... This Water Well Record was completed on (mo/day/year) **12-28-05**..... under the business name of **Tennet Country Water Well**..... 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.