

<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Rice</b>	<b>CW 1/4 NE 1/4 NW 1/4</b>	<b>31</b>	<b>T 18 S</b>	<b>R 9 E</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">w</span>

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

**Approximately 6 miles north and 1/2 mile west of Chase**

**2** WATER WELL OWNER: **Mike Knobloch**  
 RR#, St. Address, Box # **5284 Timber Creek** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code **Great Bend, KS 67530** Application Number:

**3** MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N		
	X	
N W		N E
W		E
S W		S E
S		

**4** DEPTH OF WELL **78** ft  
 WELL'S STATIC WATER LEVEL **20** ft  
 WELL WAS USED AS:

<input checked="" type="radio"/> 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

Was a chemical / bacteriological sample submitted to Department? Yes \_\_\_\_\_ No   
 If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected: Yes  No \_\_\_\_\_

**5** TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **5** in. Was casing pulled? Yes \_\_\_\_\_ No  If yes, how much \_\_\_\_\_  
 Casing height above or  below land surface **36** in.

**6** GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout  3 Bentonite 4 Other \_\_\_\_\_  
 Grout Plug Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From **23** ft. to **3** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	<input checked="" type="radio"/> 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	

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS
78	23	Chlorinated Sand
23	3	Bentonite Holeplug
3	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) **10-10-08** 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) **10-14-08** under the business name of **Clarke Well & Equipment, Inc.**  
 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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.