

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Barton	SW 1/4 NE 1/4 NE 1/4	34	T 19 S	R 14 E <u>W</u>

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

Approximately 1 3/4 miles west and 1/4 mile south of Great Bend

2	WATER WELL OWNER:	The Fuller Brush Company
RR#, St. Address, Box #	P.O. Box 729 - One Fuller Way	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:	4	DEPTH OF WELL 64.8 ft
		WELL'S STATIC WATER LEVEL 16.1 ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply <u>10 Monitoring Well</u> 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)
<u>2 PVC</u>	4 ABS
5 Wrought	6 Asbestos-Cement
7 Fiberglass	8 Concrete Tile
9 Other (Specify below)	
Blank casing diameter 2 in.	Was casing pulled? Yes _____ No ☒
Casing height above or <u>below</u> land surface 36 in.	If yes, how much _____

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 64.8 ft. to 0 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	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
64.8	0	Bentonite Holeplug

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-14-05 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) 10-19-05
	under the business name of Clarke Well & Equipment, Inc.
	by (signature) <i>[Signature]</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.