

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Ness</u>	<u>NW 1/4 NE 1/4 SW 1/4</u>	<u>3</u>	<u>T 19 S</u>	<u>R 23 E</u> W

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

Approximately 3/4 mile south and 1 1/2 miles east of Ness City

2	WATER WELL OWNER: <u>City of Ness City</u>	Board of Agriculture, Division of Water Resources
	RR#, St. Address, Box # <u>P.O. Box 419</u>	Application Number:
	City, State, ZIP Code <u>Ness City, KS 67560</u>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>79</u> ft.												
	WELL'S STATIC WATER LEVEL <u>29</u> ft.												
	WELL WAS USED AS:												
	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">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</td> </tr> </table>	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
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Was a chemical / bacteriological sample submitted to Department? Yes <u>No</u> <input checked="" type="checkbox"/> No													
	If yes, mo/day/yr sample was submitted _____												
	Water Well Disinfected: Yes <input checked="" type="checkbox"/> No												

5	TYPE OF BLANK CASING USED:										
	<table style="width:100%; border: none;"> <tr> <td style="width:25%;">1 Steel</td> <td style="width:25%;">3 RMP (SR)</td> <td style="width:25%;">5 Wrought</td> <td style="width:25%;">7 Fiberglass</td> <td style="width:20%;">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><u>Transite</u></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	<u>Transite</u>
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	Blank casing diameter <u>12</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____										
	Casing height above or below land surface <u>48</u> in.										

6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other <u>Bentonite Holeplug</u>																				
	Grout Plug Intervals: From <u>24</u> ft. to <u>4</u> ft., From _____ ft. to _____ ft. From <u>27</u> ft. to <u>24</u> ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? _____ How many feet? _____																				

FROM	TO	PLUGGING MATERIALS
79	27	Chlorinated Sand
27	24	Bentonite Holeplug
24	4	Neat Cement
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) <u>05-17-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/year) <u>05-22-07</u> under the business name of <u>Clarke Well & Equipment, Inc.</u>
	by (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.