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|---------|-------------------------|----------------------|----------------|-----------------|-------------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: | Ness | SE 1/4 NE 1/4 SW 1/4 | 3 | T 19 S | R 23 E <u>(w)</u> |

Distance and direction from nearest town or city street address of well if located within city?
 Approximately 1 1/2 miles south and 3 miles east of Ness City

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

| | |
|--|---|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF WELL 70 ft |
| | WELL'S STATIC WATER LEVEL 20 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 <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) |
| <u>2 PVC</u> | 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 48 in.

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 20 ft. to 4 ft.

What is the nearest source of possible contamination:

| | | | |
|--------------------------|-------------------|-------------------------|---------------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | <u>16 Other (specify below)</u> |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | <u>None known</u> |
| 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 |
|------|----|--------------------|
| 70 | 20 | Chlorinated Sand |
| 20 | 4 | Bentonite Holeplug |
| 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) 05-17-07 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) 05-18-07 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.