

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Rice	NE 1/4 NW 1/4 NE 1/4	23	T 19 S R	8 E (w)

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

Approximately 2 miles north and 1 1/2 miles east of Lyons

2	WATER WELL OWNER:	Knight Feedlot
RR#, St. Address, Box #	1768 Avenue J	Board of Agriculture, Division of Water Resources
City, State, ZIP Code	Lyons, KS 67554	Application Number: 34,290 & 38,177

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL	28.71	ft
		WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: 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 Stock Well			
		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)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
Blank casing diameter	5 in.	Was casing pulled?	Yes _____ No <input checked="" type="checkbox"/>	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
GROUT Plug Intervals:	From 3 ft. to 0 ft.,	From 28.71 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	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
28.71	3	Bentonite Holeplug
3	0	Neat Cement

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04-28-09 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) 04-30-09 under the business name of Clarke Well & Equipment, Inc.
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.