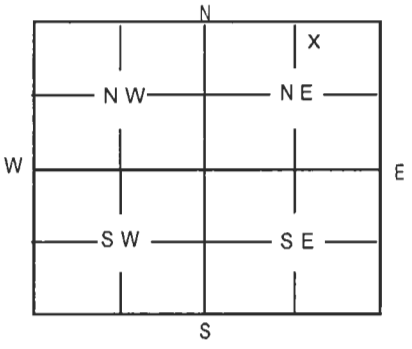
211 7430 WATER WELL PLUGGING RECORD Form WWC-5P KSA82a-1212 ID NO. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stafford	NW 1/4 NE 1/4 NE 1/4	28	T 21 S	R 14 E (W)

Distance and direction from nearest town or city street address of well if located within city?
Approximately 2 miles north and 1 3/4 miles east of Radium

2 WATER WELL OWNER: John Keenan
RR#, St. Address, Box # Route 3 - Box 7764
City, State, ZIP Code Seward, KS 67576-7851
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL _____ 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 _____
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)
(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 48 in.

6 GROUT PLUG MATERIAL: (1) Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug
Grout Plug Intervals: From 9 ft. to 4 ft., From _____ ft. to _____ ft. From 33.3 ft. to 9 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
52.4	33.3	Chlorinated Gravel Pack
33.3	9	Bentonite Holeplug
9	4	Neat Cement
4	0	Well Pit

RECEIVED
OCT 0 6 2004
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-15-04 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) 9-23-04 under the business name of Clarke Well & Equipment, Inc.
by (signature) Daniel W. Clarke

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.