

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: Stafford	NE 1/4 NW 1/4 SW 1/4	17		T	22	S	R 13 E																								
Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles south and 1/2 mile east of Stafford																																
2	WATER WELL OWNER: Sand Hills Gun Club RR#, St. Address, Box # P.O. Box 338 City, State, ZIP Code Macksville, KS 67557 Board of Agriculture, Division of Water Resources Application Number: 8256																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 82 ft WELL'S STATIC WATER LEVEL 22 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 Recreation Was a chemical / bacteriological sample submitted to Department? Yes _____ No ☒ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ☒ No _____																													
N <table border="1" style="width: 100%; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>N W</td><td></td><td>N E</td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>S W</td><td></td><td>S E</td></tr> </table> S W E												N W		N E	X			S W		S E												
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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 16 in. Was casing pulled? Yes _____ No ☒ Casing height above or below land surface 48 in. If yes, how much _____																															
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals: From 29 ft. to 4 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) None known Direction from well? _____ How many feet? _____																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">82</td> <td style="text-align: center;">29</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">29</td> <td style="text-align: center;">4</td> <td>Concrete Grout</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td>Compacted Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	82	29	Chlorinated Sand	29	4	Concrete Grout	4	0	Compacted Soil												
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 08-28-07 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) 08-30-07 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.																																