

1	LOCATION OF WATER WELL: County: <u>Pawnee</u>	Fraction <u>NE 1/4 SW 1/4 NW 1/4</u>	Section <u>6</u>	Number	Township <u>T 22 S</u>	Range <u>R 16 E</u>	Number <u>W</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 3/4 mile west and 1/4 mile south of Larned</u>																															
2	WATER WELL OWNER: <u>Jean B. Martin Revocable Trust</u> <u>c/o Jean Martin, Trustee</u> RR#, St. Address, Box # <u>Route 2 - Box 167B</u> City, State, ZIP Code <u>Oberlin, KS 67749</u> Board of Agriculture, Division of Water Resources Application Number: <u>VR PN50</u>																														
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4	DEPTH OF WELL <u>40</u> ft. WELL'S STATIC WATER LEVEL <u>19</u> ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering <u>2 Irrigation</u> 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 <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: <u>1 Steel</u> 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <u>16</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Cut off _____ Casing height above or <u>below</u> land surface <u>48</u> in.																														
6	GROUT PLUG MATERIAL: 1 Neat Cement <u>2 Cement grout</u> 3 Bentonite 4 Other _____ Grout Plug Intervals: From <u>21</u> ft. to <u>4</u> ft., From _____ ft. to _____ 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 <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? _____																														
<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;">40</td> <td style="text-align: center;">21</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">21</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	40	21	Chlorinated Sand	21	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) <u>4-30-02</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>5-15-02</u> under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>[Signature]</u>																														
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.																															