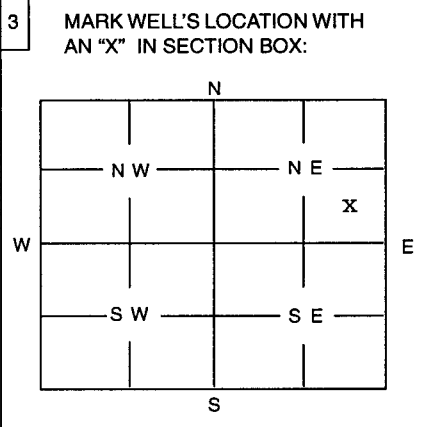


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Stafford</u>	<u>¼ SE ¼ NE ¼</u>	<u>7</u>	<u>23 S</u>	<u>12 W</u>

Distance and direction from nearest town or city street address of well if located within city?
Approximately 2½ miles south and 1½ miles west of Hudson

2	WATER WELL OWNER:	Don Peterson 424 N. Main Macksville, KS 67557	Board of Agriculture, Division of Water Resources Application Number:
	RR #, St. Address, Box #: City, State, ZIP Code :		



4 DEPTH OF WELL34.35..... ft
 WELL'S STATIC WATER LEVEL1.6..... 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 <u>Stock Well</u>

Was a chemical / bacteriological sample submitted to Department? Yes No X.....
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes X... No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 <u>PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter5..... in. Was casing pulled? Yes Cut off No If yes, how much

Casing height above or below land surface48..... 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 34.35 to 0 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	<u>None known</u>
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
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
34.35	0	Bentonite Holeplug

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-28-00 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) 6-16-00 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 and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.