

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Pawnee	SW 1/4 SW 1/4 SE 1/4	31	T 23 S	R 15 E (W)

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

Approximately 4 miles east and 4 miles south of Zook

2	WATER WELL OWNER:	Grace M. Gano Trust c/o Don Vosburgh RR#, St. Address, Box # City, State, ZIP Code	Board of Agriculture, Division of Water Resources Application Number: N/A
---	-------------------	---	--

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 30 ft. WELL'S STATIC WATER LEVEL 27 ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	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
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:										
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile		
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 ☒ If yes, how much Cut off _____

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 30 ft. to 4 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	None known
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
30	4	Concrete Grout
4	0	Compacted Soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-29-00 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) 11-30-00 under the business name of Clarke Well & Equipment, Inc.
	by (signature) <i>Clarke Well & Equipment, Inc.</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.