

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																											
	County: <u>Harvey</u>	<u>NW 1/4 NE 1/4 NE 1/4</u>	<u>9</u>		<u>T</u>	<u>24</u>	<u>S</u>	<u>R 1 E</u>																											
Distance and direction from nearest town or city street address of well if located within city?																																			
<u>Approximately 2 1/4 miles west and 1 mile north of Putnam</u>																																			
2	WATER WELL OWNER:																																		
	<u>Public Wholesale Water Supply District #17</u>																																		
	RR#, St. Address, Box #	<u>P.O. Box 426</u>		Board of Agriculture, Division of Water Resources																															
	City, State, ZIP Code	<u>Newton, KS 67114</u>		Application Number:																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>100</u> ft																															
			WELL'S STATIC WATER LEVEL <u>16</u> ft																																
	<div style="text-align: center;"> </div>		WELL WAS USED AS:																																
			<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">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 <u>Test Well</u></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 <u>Test Well</u>															
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			Was a chemical / bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																
			If yes, mo/day/yr sample was submitted <u>12-16-96</u>																																
			Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																
5	TYPE OF BLANK CASING USED:																																		
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	Blank casing diameter <u>5</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much <u>Cut off</u>																																		
	Casing height above or <u>below</u> land surface <u>48</u> in.																																		
6	GROUT PLUG MATERIAL:																																		
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	Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From <u>35</u> ft. to <u>4</u> ft.																																		
	What is the nearest source of possible contamination:																																		
	<table style="width:100%; border: none;"> <tr> <td style="width:25%;">1 Septic tank</td> <td style="width:25%;">6 Seepage pit</td> <td style="width:25%;">11 Fuel storage</td> <td style="width:25%;">16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td><u>None known</u></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>								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								
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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>9-15-00</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>9-21-00</u> under the business name of <u>Clarke Well & Equipment, Inc.</u>																																		
	by (signature) <u><i>James W. Clarke</i></u>																																		
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly and print clearly.</u> 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.																																			