

1	LOCATION OF WATER WELL: County: Stafford	Fraction SE 1/4 NW 1/4 SW 1/4	Section Number 15	Township Number T 24 S	Range Number R 15 E	W																								
Distance and direction from nearest town or city street address of well if located within city? East of the intersection of Central and Gilmore																														
2	WATER WELL OWNER: USD #351 RR#, St. Address, Box # P.O. Box 487 City, State, ZIP Code Macksville, KS 67557 Board of Agriculture, Division of Water Resources Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF WELL 77.7 ft WELL'S STATIC WATER LEVEL 24.2 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 <u>7 Domestic (Lawn & Garden)</u> 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: 1 <u>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 10 in. Was casing pulled? Yes _____ No ☒ Casing height above or <u>below</u> land surface 48 in. If yes, how much Cut off																													
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other <u>Bentonite Holeplug</u> Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From 24 ft. to 4 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) <u>None known</u> Direction from well? _____ How many feet? _____																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">77.7</td> <td style="text-align: center;">24</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">24</td> <td style="text-align: center;">4</td> <td>Bentonite Holeplug</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	77.7	24	Chlorinated Sand	24	4	Bentonite Holeplug	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) 9-5-03 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) 9-17-03 under the business name of Clarke Well & Equipment, Inc. by (signature) <u><i>Clarke Well & Equipment, Inc.</i></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.																														