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|---------------------------|-----------------------------|----------------|-----------------|---|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Edwards | SW 1/4 NE 1/4 NW 1/4 | 25 | T 24 S | R 16 E w |

Distance and direction from nearest town or city street address of well if located within city?
Approximately 1 1/4 miles south and 3 3/4 miles west of Macksville

2 WATER WELL OWNER: **Lucile Miller**
 RR#, St. Address, Box # **Route 1 - Box 107A** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code **Macksville, KS 67557** Application Number: _____

| | |
|---|--|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF WELL 89 ft |
| | WELL'S STATIC WATER LEVEL 30 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 <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:

| | | | | |
|--|----------------------------------|---|---------------------------------------|---|
| <input checked="" type="radio"/> 1 Steel | <input type="radio"/> 3 RMP (SR) | <input type="radio"/> 5 Wrought | <input type="radio"/> 7 Fiberglass | <input type="radio"/> 9 Other (Specify below) _____ |
| <input type="radio"/> 2 PVC | <input type="radio"/> 4 ABS | <input type="radio"/> 6 Asbestos-Cement | <input type="radio"/> 8 Concrete Tile | _____ |

Blank casing diameter **16** in. Was casing pulled? Yes _____ No If yes, how much _____

Casing height above or below land surface **48** 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 **30** ft. to **4** 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? _____

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|
| 89 | 30 | Chlorinated Gravel |
| 30 | 4 | Bentonite Holeplug |
| 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) **3-28-06** 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) **4-4-06** 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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.