

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Sedgwick</u>	<u>NE 1/4 SE 1/4 NW 1/4</u>	<u>36</u>		<u>T</u>	<u>25</u>	<u>S</u>	<u>R 1 E</u> <u>W</u>

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

On the west side of West Street between 2nd and 3rd

2	WATER WELL OWNER:	<u>City of Valley Center</u>
	RR#, St. Address, Box #	<u>P.O. Box 188</u>
	City, State, ZIP Code	<u>Valley Center, KS 67147</u>
	Board of Agriculture, Division of Water Resources	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>52.35</u> ft												
			WELL'S STATIC WATER LEVEL <u>18.87</u> 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 <u>Observation 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>Observation Well</u>
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			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><u>2 PVC</u></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)	<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter <u>5 1/2</u> in. Was casing pulled? Yes _____ No ☒										
	Casing height above or <u>below</u> land surface <u>48</u> 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 <u>18.87</u> ft. to <u>6</u> ft.																	
	What is the nearest source of possible contamination:																				
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	Direction from well? _____ How many feet? _____																				

FROM	TO	PLUGGING MATERIALS
52.35	18.87	Chlorinated sand and gravel
18.87	6	Bentonite Holeplug
6	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) <u>7-13-01</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>7-26-01</u> under the business name of <u>Clarke Well & Equipment, Inc.</u>
	by (signature) <u>[Signature]</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.