

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Edwards	1/4 NC 1/4 NE 1/4	12	T 25 S	R 18 E (w)

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

Approximately 2 3/4 miles south and 3/4 mile east of Lewis

2	WATER WELL OWNER:	Boyd Mundhenke	Board of Agriculture, Division of Water Resources
	RR#, St. Address, Box #	619 E. 7th	Application Number: 21,699
	City, State, ZIP Code	Kinsley, KS 67547	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL	84	ft	
		WELL'S STATIC WATER LEVEL			50	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		
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:	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 <input checked="" type="checkbox"/>	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 50	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			
3	Watertight sewer lines	8	Sewage lagoon	13	Insecticide storage	None known		
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
84	50	Chlorinated Sand
50	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) 6-28-04 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) 6-29-04 under the business name of Clarke Well & Equipment, Inc.	
by (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.