

1 LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: PRATT	$\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ NE	3		27		13	W E/W

Distance and direction from nearest town or city street address of well if located within city?
AT THIS ADDRESS IN IUKA.

2 WATER WELL OWNER: **MARJORIE BUCK**

RR #, St. Address, Box #: **111 E IUKA AVE** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **IUKA, KS 67044** Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 82 ft.
	WELL'S STATIC WATER LEVEL 56 ft.
	WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> 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:

<input checked="" type="checkbox"/> 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 **6** in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface **60** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Sand**

Grout Plug Intervals: From **82** ft. to **22** ft., From **22** ft. to **2** ft., From **2** to **0** 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	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? **999** How many feet? **999**

FROM	TO	PLUGGING MATERIALS
82	22	SAND w/ Chlorine mix
22	2	Bentonite Hydrated
2	0	Concrete

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **11-1-13** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **672** This Water Well Record was completed on (mo/day/year) **11-1-13** under the business name of **Crowdis Water Well Serv.** 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 and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.