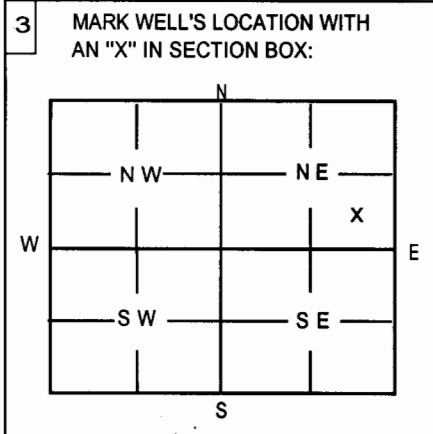


<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Pratt</b>	<b>NC 1/4 SE 1/4 NE 1/4</b>	<b>9</b>	<b>T 26 S</b>	<b>R 13 E</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">w</span>

Distance and direction from nearest town or city street address of well if located within city?  
Approximately 4 3/4 miles north of Iuka

<b>2</b> WATER WELL OWNER: <b>Louis A. Griffith Jr. Living Trust</b> c/o James W. Griffith RR#, St. Address, Box # <b>235 NE 110th St.</b> City, State, ZIP Code <b>Iuka, KS 67066-9530</b>	Board of Agriculture, Division of Water Resources Application Number: <b>34,116</b>
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**4** DEPTH OF WELL 89.6 ft  
 WELL'S STATIC WATER LEVEL 39.4 ft  
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2 Irrigation</span>	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   
 If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected: Yes  No \_\_\_\_\_

**5** TYPE OF BLANK CASING USED:

<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1 Steel</span>	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   
 Casing height above or below land surface 48 in. If yes, how much \_\_\_\_\_

**6** GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout Plug Intervals: From 39 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	<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
89.6	39	Chlorinated Sand
39	4	Concrete Grout
4	0	Topsoil

**7** CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-6-06 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) 6-9-06 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.