

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Adair</u>	<u>1/4 NE 1/4 NE 1/4</u>	<u>29</u>	<u>29</u>	<u>12</u> (EW)																											
Distance and direction from nearest town or city street address of well if located within city? <u>1 1/2 miles East of Sawyer on K-42 Hwy / South side of Rd</u>																																
2	WATER WELL OWNER: <u>Paul Kennedy</u>																															
RR #, St. Address, Box #: <u>40287 SE K-42 Hwy</u>			Board of Agriculture, Division of Water Resources																													
City, State, ZIP Code: <u>Sawyer, KS 67134</u>			Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>114</u> ft.																												
		WELL'S STATIC WATER LEVEL <u>89</u> 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) <input type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																																
Blank casing diameter <u>6</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much																																
Casing height above or below land surface <u>36</u> in.																																
6	GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other																															
Grout Plug Intervals: From <u>114</u> ft. to <u>0</u> ft., From ft. to ft., From ft. to ft.																																
What is the nearest source of possible contamination:																																
<input checked="" type="checkbox"/> 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines 7 Pit privy 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines 9 Feedyard 14 Abandoned water well <input type="checkbox"/> 5 Cess pool 10 Livestock pens 15 Oil well/Gas well																																
Direction from well? <u>NW</u> How many feet? <u>100</u>																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>114</u></td> <td><u>3</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>3</u></td> <td><u>0</u></td> <td><u>Neat Cement</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>114</u>	<u>3</u>	<u>Bentonite</u>	<u>3</u>	<u>0</u>	<u>Neat Cement</u>																		
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-4-03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>672</u> This Water Well Record was completed on (mo/day/year) <u>10-11-03</u> under the business name of <u>Crow's Water Well</u> by (signature) <u>Jim Crow's</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 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.																																