

1	LOCATION OF WATER WELL: County: <u>Ford</u>	Fraction <u>SE 1/4 NE 1/4 SW 1/4</u>	Section <u>5</u>	Number	Township <u>T 29 S</u>	Range <u>R 21 E</u>	Number <u>(w)</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 60' west of the intersection of W. Cedar St. and Washington St. in Bucklin</u>																															
2	WATER WELL OWNER: <u>City of Bucklin</u> <u>117 W. Oak</u> RR#, St. Address, Box # <u>P.O. Box 458</u> City, State, ZIP Code <u>Bucklin, KS 67834</u> Board of Agriculture, Division of Water Resources Application Number: <u>FO 4, 3690, and 34,598</u>																														
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF WELL <u>142</u> ft WELL'S STATIC WATER LEVEL <u>107</u> ft. WELL WAS USED AS: 1 Domestic <u>5 Public Water Supply</u> 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: <u>1 Steel</u> 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <u>12</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> Casing height above or <u>below</u> land surface <u>60</u> in. If yes, how much _____																														
6	GROUT PLUG MATERIAL: 1 Neat Cement <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other _____ Grout Plug Intervals: From <u>7</u> ft. to <u>4</u> ft., From <u>107</u> ft. to <u>7</u> ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage <u>16 Other (specify below)</u> 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? _____																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>142</td> <td>107</td> <td>Chlorinated Sand</td> </tr> <tr> <td>107</td> <td>7</td> <td>Bentonite Holeplug</td> </tr> <tr> <td>7</td> <td>4</td> <td>Concrete Grout</td> </tr> <tr> <td>4</td> <td>0.5</td> <td>Fill Sand Under Pumphouse Floor</td> </tr> <tr> <td>0.5</td> <td>0</td> <td>Pumphouse Floor</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>								FROM	TO	PLUGGING MATERIALS	142	107	Chlorinated Sand	107	7	Bentonite Holeplug	7	4	Concrete Grout	4	0.5	Fill Sand Under Pumphouse Floor	0.5	0	Pumphouse Floor						
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>04-29-09</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>05-01-09</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.																															