

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Norton	NE 1/4 NE 1/4 NW 1/4	33	T 2 S	R 21 E W

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

Approximately 3 miles south and 1/2 mile east of Almaena

2	WATER WELL OWNER: City of Almaena 415 Main Street RR#, St. Address, Box # P.O. Box 277 City, State, ZIP Code Almaena, KS 67622	Board of Agriculture, Division of Water Resources Application Number:
---	---	--

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 189 ft WELL'S STATIC WATER LEVEL 109 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
---	--	---	--

N

	X	
NW		NE
SW		SE

S

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:
	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 5 in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____
	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 _____ ft. to _____ ft., From 189 ft. to 4 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
189	4	Cement 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) 06-21-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 771 This Water Well Record was completed on (mo/day/year) 07-18-07 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.