

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: HARPER	NE 1/4 SW 1/4 NE 1/4	20	34	SW

Distance and direction from nearest town or city street address of well if located within city?
ON 11TH ST 100FS SOUTH OF CDOP OFFICE. NEAR 11TH & CHILOCO BLUFF CITY, KS 67018

2	WATER WELL OWNER: KEN BROTON	Board of Agriculture, Division of Water Resources
	RR#, St. Address, Box #: 408 E PADON	Application Number:
	City, State, ZIP Code : BLACKWELL, OK 74631	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4	DEPTH OF WELL..... 36 ..ft. } MEASURED WELL'S STATIC WATER LEVEL..... 21 ..ft. } 11/02/97
		WELL WAS USED AS: <input checked="" type="radio"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="radio"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="radio"/> 3 Feedlot 7 Lawn and Garden Only 11 Injection Well <input type="radio"/> 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:
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass <input checked="" type="radio"/> Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile BRICK
	Blank casing diameter.....in. Was casing pulled? Yes..... No. <input checked="" type="checkbox"/> If yes, how much..... Casing height above or below land surface.....in.

6	GROUT PLUG MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other.....
	Grout Plug Intervals: From.. 5 ..ft. to.. 4 ..ft., From.....ft. toft., From..... to.....ft.
	What is the nearest source of possible contamination: <input checked="" type="radio"/> 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <input type="radio"/> 2 Sewer lines 7 Pit privy 12 Fertilizer storage <input type="radio"/> 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage <input type="radio"/> 4 Lateral lines 9 Feedyard 14 Abandoned water well <input type="radio"/> 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well
	Direction from well? ... S/W How many feet? ... 100

FROM	TO	PLUGGING MATERIALS
36 FT	21 FT	SAND
21 FT	5 FT	CLAY
5 FT	4 FT	CEMENT GROUT
4 FT	-0-	DIRT/SAND

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).... 11/07/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 11/30/97 under the business name of by (signature) ... Kimeth W. D. Myrham ... BLUFF CITY WATER SUPERVISOR
---	--

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.