

1	LOCATION OF WATER WELL:	Fraction NE	Section Number 15	Township Number 3	Range Number 8	E/W
County: Jewell		$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$				

D. Location and direction from nearest town or city street address of well if located within city?

Half mile north of Hwy 36 on Road 170. West side by power pole

2	WATER WELL OWNER: Lena Berry	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: 706 N East St		Application Number:
City, State, ZIP Code: Mankato, KS 66936		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 23.5 ft.
		WELL'S STATIC WATER LEVEL 3.5 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	
		Was a chemical / bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes X No	

5	TYPE OF BLANK CASING USED:	
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) hand dug brick & mortar 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile		
Blank casing diameter in. Was casing pulled? Yes No If yes, how much		
Casing height above or below land surface in.		

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	
Grout Plug Intervals: From ft. to ft., From 6 ft. to 3 ft., From 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 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
23.5	3.5	Chlorinated Sand
3.5	3.0	Subsail
3.0	2.5	Bentonite
2.5	Mound	Top Soil

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) under the business name of by (signature)
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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.