

<b>1</b> LOCATION OF WATER WELL:	Fraction <b>NE</b> <small>¼    ¼    ¼</small>	Section Number <b>20</b>	Township Number <b>5 South</b>	Range Number <b>3</b>	Number <b>6th P.M. (E.W.)</b>
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Distance and direction from nearest town or city street address of well if located within city?

**3 1/2 MILES NORTH OF CONCORDIA, KS**

**2** WATER WELL OWNER: **LLOYD R/LINDA M. RUSSELL**  
 RR #, St. Address, Box #: **1370 Union Rd.**  
 City, State, ZIP Code: **Concordia KS 66901** Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

**3** MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N		
		X
NW		NE
W		E
SW		SE
S		

**4** DEPTH OF WELL ..... **37** ..... ft.  
 WELL'S STATIC WATER LEVEL ..... **8** ..... 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  .....  
 If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes  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 ..... **4** ..... in.      Was casing pulled?    Yes .....    No  .....    If yes, how much .....

Casing height above or below land surface ..... **5.2** ..... in.

**6** GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout     3 Bentonite    4 Other .....

Grout Plug Intervals:    From **27** ft. to **3** ft.,    From ..... ft. to ..... ft.,    From ..... 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? **South**      How many feet? **130 ft.**

FROM	TO	PLUGGING MATERIALS
37	27	washed sand
27	3	Bentonite
3	top	concrete

**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) .....

**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.