

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: JEWELL	1/4 SE 1/4 NE 1/4	32	5	9 W

Distance and direction from nearest town or city street address of well if located within city?
7 MILES NORTHWEST OF GLEN ELDER, KANSAS

2 WATER WELL OWNER: RAY L. TERRY	RR#, St. Address, Box #: RT. 1 BOX 148 Board of Agriculture, Division of Water Resources City, State, ZIP Code : GLEN ELDER, KS. 67446-9512 Application Number:
--	---

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"><tr><td style="width:25%; text-align: center;">N</td><td style="width:25%; text-align: center;">W</td><td style="width:25%; text-align: center;">E</td><td style="width:25%; text-align: center;">X</td></tr><tr><td style="text-align: center;">W</td><td></td><td></td><td style="text-align: center;">E</td></tr><tr><td style="text-align: center;">S</td><td style="text-align: center;">W</td><td style="text-align: center;">E</td><td></td></tr></table> <div style="text-align: center;">S</div>	N	W	E	X	W			E	S	W	E		4 DEPTH OF WELL..... 18 ..ft. WELL'S STATIC WATER LEVEL..... 6ft. WELL WAS USED AS: <table style="width:100%;"><tr><td><input checked="" type="checkbox"/> Domestic</td><td><input type="checkbox"/> 5 Public Water Supply</td><td><input type="checkbox"/> 9 Dewatering</td></tr><tr><td><input type="checkbox"/> 2 Irrigation</td><td><input type="checkbox"/> 6 Oil Field Water Supply</td><td><input type="checkbox"/> 10 Monitoring Well</td></tr><tr><td><input type="checkbox"/> 3 Feedlot</td><td><input type="checkbox"/> 7 Lawn and Garden Only</td><td><input type="checkbox"/> 11 Injection Well</td></tr><tr><td><input type="checkbox"/> 4 Industrial</td><td><input type="checkbox"/> 8 Air Conditioning</td><td><input type="checkbox"/> 12 Other.....</td></tr></table> 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.....	<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Lawn and Garden Only	<input type="checkbox"/> 11 Injection Well	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other.....
N	W	E	X																						
W			E																						
S	W	E																							
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering																							
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well																							
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Lawn and Garden Only	<input type="checkbox"/> 11 Injection Well																							
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other.....																							

5 TYPE OF BLANK CASING USED:											
<table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td>LIMESTONE ROCK BLOCKS</td></tr></table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	LIMESTONE ROCK BLOCKS	
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)							
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	LIMESTONE ROCK BLOCKS							
Blank casing diameter..... 6in.	Was casing pulled? Yes.. X .. No..... If yes, how much.. 5										
Casing height above or below land surface.. 5in.											

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

FROM	TO	PLUGGING MATERIALS
18	6	CHLORINATED SAND
6	5	CLAY/SUBSOIL
5	4 1/2	BENTONITE
4 1/2	0	TOPSOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	
on (mo/day/year)..... 9-22-95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 29214 (NE) This Water Well Record was completed on (mo/day/year)..... 9-25-95 under the business name of WATER QUALITY COORDINATOR	
by (signature)	<i>Shirley D. Koster</i>

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.