

1	LOCATION OF WATER WELL: County: <u>Osborne</u>	Fraction <u>NW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>27</u>	Township Number <u>T 6 S</u>	Range Number <u>R 11 E</u> W																								
Distance and direction from nearest town or city street address of well if located within city? <u>At the intersection of 2nd St and Ray St in Downs</u>																													
2	WATER WELL OWNER: <u>City of Downs</u> <u>City Hall</u> RR#, St. Address, Box # <u>715 Railroad Ave.</u> City, State, ZIP Code <u>Downs, KS 67437</u> Board of Agriculture, Division of Water Resources Application Number:																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">N W E S</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>SW</td><td>X</td><td>SE</td></tr> </table> </div>								NW		NE	SW	X	SE															
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4	DEPTH OF WELL <u>60</u> ft WELL'S STATIC WATER LEVEL <u>22</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes <u> </u> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted <u> </u> Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <u> </u>																												
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) </div> </div> Blank casing diameter <u>20</u> in. Was casing pulled? Yes <u> </u> No <input checked="" type="checkbox"/> Casing height above or below land surface <u>60</u> in. If yes, how much <u> </u>																												
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From <u> </u> ft. to <u> </u> ft., From <u>22</u> ft. to <u>5</u> ft. From <u> </u> ft. to <u> </u> ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) <u>None known</u> </div> </div> Direction from well? <u> </u> How many feet? <u> </u>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">22</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">22</td> <td style="text-align: center;">5</td> <td>Bentonite Holeplug</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">0</td> <td>Compacted Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	60	22	Chlorinated Sand	22	5	Bentonite Holeplug	5	0	Compacted Soil												
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>05-07-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/year) <u>05-19-09</u> by (signature) <u>[Signature]</u> under the business name of <u>Clarke Well & Equipment, Inc.</u>																												

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.