

1	LOCATION OF WATER WELL:	Fraction SE (1/4) 1/4 1/4	Section Number 23	Township Number 6	Range Number 4
County: Cloud					

Distance and direction from nearest town or city street address of well if located within city?
6 miles Southwest of Concordia on #9 Highway

2	WATER WELL OWNER: Gary Fraser	
RR#, St. Address, Box #: 1433 N. 110th Rd.		Board of Agriculture, Division of Water Resources
City, State, ZIP Code : Concordia, Ks. 66901		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																
N																	
<table border="1" style="width: 100%; height: 100px; 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;">N</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 style="text-align: center;">S</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>		N	W	E	N	W			E	S	W	E	S			X	
N	W	E	N														
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4	DEPTH OF WELL.....ft. 37
WELL'S STATIC WATER LEVEL.....ft. 20	
WELL WAS USED AS:	
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Lawn and Garden Only <input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Injection Well <input type="checkbox"/> 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) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Hand Dug
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... 3 ...ft. to... 4 ...ft., From.....ft. toft., From..... to.....ft.	
What is the nearest source of possible contamination:	
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon <input checked="" type="checkbox"/> 9 Feedyard 10 Livestock pens
11 Fuel storage 16 Other (specify below) 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well	
Direction from well? West How many feet?	

FROM	TO	PLUGGING MATERIALS
0	3	Top Soil
3	4	Bentonite
4	15	Subsoil
15	20	Sand
20	37	Sand

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 3/18/04 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) by (signature) <i>Gary E. Fraser</i>	
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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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.