

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>CLOUD</u>	<u>NW 1/4 NE 1/4 NW 1/4</u>	<u>14</u>	<u>T 6 S</u>	<u>R 5</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>LATITUDE 39.53888</u> <u>LONGITUDE 97.34375</u>					

2 WATER WELL OWNER: GARY KEARN
2355 AURORA AVE
 RR #, St. Address, Box #: _____
 City, State, ZIP Code: SALINA KS. 67401 Board of Agriculture, Division of Water Resources
 Application Number: _____

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>120</u> ft.
		WELL'S STATIC WATER LEVEL <u>39 1/2</u> ft.	
		WELL WAS USED AS:	
		<input checked="" type="checkbox"/> 1 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 Domestic (Lawn & Garden) <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 12 Other	
Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>			
If yes, mo/day/yr sample was submitted			
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No			

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

Blank casing diameter in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface 1.2 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Benionite 4 Other

Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
		INSTALLED PITLESS ADAPTER ONLY

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) APRIL 1, 2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 647 This Water Well Record was completed on (mo/day/year) 4/2/10 under the business name of MEL'S PUMP AND PLUMBING INC. by (signature) Melvin M Anderson

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.