

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Rush	NE 1/4 NE 1/4 NE 1/4	23	T 18 S	R 16 E <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">w</span>

Distance and direction from nearest town or city street address of well if located within city?

Approximately 4 miles south of Otis

2	WATER WELL OWNER:	City of Otis	Board of Agriculture, Division of Water Resources
	RR#, St. Address, Box #	P.O. Box 326	Application Number: RH 3 & 34,670
	City, State, ZIP Code	Otis, KS 67565	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL	55.3	ft
		WELL'S STATIC WATER LEVEL	26	ft.	
		WELL WAS USED AS:			
		1 Domestic	5 Public Water Supply	9 Dewatering	
		2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	
		3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	
		4 Industrial	8 Air Conditioning	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:				
	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
	Blank casing diameter	12	in.	Was casing pulled? Yes _____ No <input checked="" type="checkbox"/>	If yes, how much _____ Cut off _____
	Casing height	above or below	land surface	42	in.

6	GROUT PLUG MATERIAL:	1 Neat Cement	2 Cement grout	3 Bentonite	4 Other
	Grout Plug Intervals:	From 26	ft. to 0	ft., From _____	ft. to _____
	What is the nearest source of possible contamination:				
	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	None known	
	4 Lateral lines	9 Feedyard	14 Abandoned water well		
	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well		
	Direction from well?	How many feet?			

FROM	TO	PLUGGING MATERIALS
55.3	26	Chlorinated Sand
26	0	Concrete Grout

RECEIVED  
SEP 28 2004  
BUREAU OF WATER

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-27-04 and this record is true to the best of my knowledge and belief. Kansas	
	Water Well Contractor's License No.	185	This Water Well Record was completed on (mo/day/year) 9-15-04
	under the business name of	Clarke Well & Equipment, Inc.	
	by (signature)	<i>Clarke Well &amp; Equipment, Inc.</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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.