

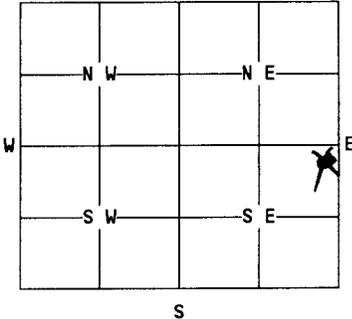
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <b>Cloud</b>	<b>NE 1/4 NE 1/4 SE 1/4</b>	<b>32</b>	<b>8 S</b>	<b>2 W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**5 miles West & 2 1/2 miles South of Miltonvale, KS**

2 WATER WELL OWNER: **Carlson Heating & Air**

RR#, St. Address, Box #: **314 W. Lincoln St.** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Clay Center, KS 67432** Application Number: **N/A**

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
 N



4 DEPTH OF WELL...**160**...**175**...**190**..ft.

WELL'S STATIC WATER LEVEL.....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 Lawn and Garden Only   | 11 Injection Well               |
| 4 Industrial | 8 Air Conditioning       | <b>12 Other...Heat Pump....</b> |

**1 @ 160 ft.; 1 @ 175 ft.; 1 @ 190 ft.**

Was a chemical/bacteriological sample submitted to Department? Yes....No.**X**..  
 If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... No.**X**...

5 TYPE OF BLANK CASING USED:

- |         |            |                   |                 |                                |
|---------|------------|-------------------|-----------------|--------------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | <b>X Other (specify below)</b> |
| 2 PVC   | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile | <b>..... Polyethylene.....</b> |

Blank casing diameter...**3/4**...in. Was casing pulled? Yes..... No.**X**... If yes, how much.....  
 Casing height above or below land surface.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **X Bentonite** 4 Other.....

Grout Plug Intervals: From..**0**..ft. to..**160**..ft., From..**0**..ft. to **175**..ft., From..**0**.. to **190**..ft.

What is the nearest source of possible contamination: **None within 600 ft.**

- |                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 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              | 10 Livestock pens | 15 Oil well/Gas well    |                          |

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	2	Top Soil
2	13	Tan Clay
13	37	Brown Sandstone
37	40	Limestone
40	102	Gray Shale
102	145	Red Shale
145	160	Sandstone

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **3/14/97**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **138**..... This Water Well Record was completed on (mo/day/year) **3/19/97**..... under the business name of **Peterson Irrigation, Inc.**  
 by (signature) *M. A. Peterson*.....

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.