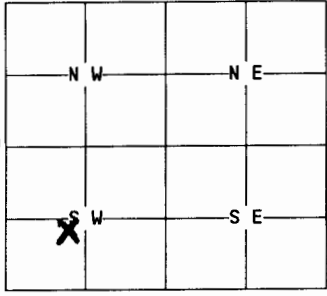


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: GRAHAM	NE 1/4SW 1/4SW 1/4	13	8	23

Distance and direction from nearest town or city street address of well if located within city?
 RR1 BOX 50A HILL CITY KS

2	WATER WELL OWNER:	CLARK GRIFFEY			
	RR#, St. Address, Box #:	RR1 BOX 50A	Board of Agriculture, Division of Water Resources		
	City, State, ZIP Code :	HILL CITY KS 67642	Application Number:		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL..... ³⁰ft.
	N		WELL'S STATIC WATER LEVEL.... ²⁰ft.
			WELL WAS USED AS:
	W		<input checked="" type="checkbox"/> Domestic
			2 Irrigation
			3 Feedlot
			4 Industrial
			5 Public Water Supply
			6 Oil Field Water Supply
			7 Lawn and Garden Only
			8 Air Conditioning
			9 Dewatering
			10 Monitoring Well
			11 Injection Well
			12 Other.....
	S		Was a chemical/bacteriological sample submitted to Department? Yes....No ^{XX}
			If yes, mo/day/yr sample was submitted.....
			Water Well Disinfected: Yes ^{XX} No.....

5	TYPE OF BLANK CASING USED:
	<input checked="" type="checkbox"/> 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..... ⁶in. Was casing pulled? Yes..... No ^{XX} If yes, how much.....
	Casing height above or below land surface..... ⁷²in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other.....
	Grout Plug Intervals: From ⁰ft. to ¹⁰ft., From.....ft. toft., From..... toft.
	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
	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	10	BENTONITE
10	20	COMPACTED DIRT
20	30	SAND

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... ⁹⁻⁴⁻⁹⁸ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ⁴⁴⁴ This Water Well Record was completed on (mo/day/year)..... ⁹⁻⁴⁻⁹⁸ under the business name of <u>ANDY ANDERSON DRILLING</u> by (signature) <u>Andy Anderson</u>
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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.