

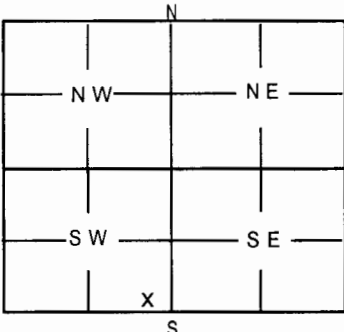
1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: Sherman	SE 1/4 SE 1/4 SW 1/4	20		T 8 S	R 42	E	(W)

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

Approximately 700' east of the intersection of Lamborn Street and Locust Street in Kanorado

2	WATER WELL OWNER: City of Kanorado 404 Center RR#, St. Address, Box # P.O. Box 68 City, State, ZIP Code Kanorado, KS 67741	Board of Agriculture, Division of Water Resources Application Number: SH2 / 33,683
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 210 ft WELL'S STATIC WATER LEVEL 155 ft WELL WAS USED AS: 1 Domestic <u>5 Public Water Supply</u> 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
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Was a chemical / bacteriological sample submitted to Department? Yes _____ No

If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes 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
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Blank casing diameter 12 in. Was casing pulled? Yes _____ No If yes, how much _____

Casing height above or below land surface 48 in.

6	GROUT PLUG MATERIAL: 1 Neat Cement <u>2 Cement grout</u> 3 Bentonite 4 Other
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Grout Plug Intervals: From 155 ft. to 4 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	<u>16 Other (specify below)</u>
2 Sewer lines	7 Pit privy	12 Fertilizer storage	None known
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
210	155	Chlorinated Sand
155	4	Concrete Grout
4	0	Compacted Soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04-02-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 771 This Water Well Record was completed on (mo/day/year) 04-08-08 under the business name of Clarke Well & Equipment, Inc. by (signature) <i>[Signature]</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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.