

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County:	<u>Thomas</u>	<u>NE 1/4 NW 1/4 NW 1/4</u>	<u>29</u>		<u>9 S</u>		<u>33 W</u>	<u>E/W</u>

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

2	WATER WELL OWNER:	<u>Clinton P &amp; Melanie D Jackson</u>	
RR #, St. Address, Box #:	<u>2006 County Road I</u>	Board of Agriculture, Division of Water Resources	
City, State, ZIP Code:	<u>Colby KS 67701</u>	Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>194</u> ft.
	WELL'S STATIC WATER LEVEL <u>188</u> ft.		
	WELL WAS USED AS:		
	<input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial	<input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Domestic (Lawn & Garden) <input type="radio"/> 8 Air Conditioning	<input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other .....
	Was a chemical / bacteriological sample submitted to Department? Yes ..... <input checked="" type="radio"/> No .....		
	If yes, mo/day/yr sample was submitted .....		
	Water Well Disinfected: <input checked="" type="radio"/> Yes ..... No .....		

5	TYPE OF BLANK CASING USED:
	<input type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 5 Wrought <input type="radio"/> 7 Fiberglass <input type="radio"/> 9 Other (Specify below) <input checked="" type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 8 Concrete Tile
	Blank casing diameter <u>5"</u> in. Was casing pulled? Yes ..... No <input checked="" type="radio"/> ..... If yes, how much .....
	Casing height above or <u>below</u> land surface <u>7'</u> in.

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	4 Other .....
	Grout Plug Intervals:	From <u>176</u> ft. to <u>160</u> ft.,	From <u>30</u> ft. to <u>7</u> ft.,	From ..... to ..... ft.	
	What is the nearest source of possible contamination:				
	<input type="radio"/> 1 Septic tank <input type="radio"/> 6 Seepage pit <input type="radio"/> 11 Fuel storage <input type="radio"/> 16 Other (specify below) <input type="radio"/> 2 Sewer lines <input type="radio"/> 7 Pit privy <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 13 Insecticide storage <input type="radio"/> 4 Lateral lines <input type="radio"/> 9 Feedyard <input type="radio"/> 14 Abandoned water well <input checked="" type="radio"/> 5 Cess pool <input type="radio"/> 10 Livestock pens <input type="radio"/> 15 Oil well/Gas well				
	Direction from well? <u>NE</u> How many feet? <u>120'</u>				

FROM	TO	PLUGGING MATERIALS
<u>194</u>	<u>176</u>	<u>Washed Sand</u>
<u>176</u>	<u>160</u>	<u>Bentonite</u>
<u>160</u>	<u>30</u>	<u>Clay</u>
<u>30</u>	<u>7</u>	<u>Bentonite</u>
<u>7</u>	<u>0</u>	<u>Compacted Clay &amp; Top Soil</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-26-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>663</u> This Water Well Record was completed on (mo/day/year) <u>8-29-05</u> under the business name of <u>Brenn Pump &amp; Supply</u> by (signature) <u>[Signature]</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, 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.