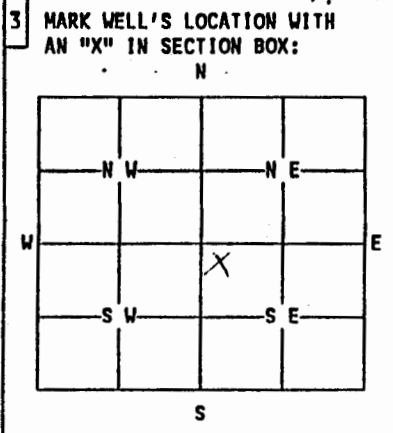


1 LOCATION OF WATER WELL: Fraction NW NW SE Section Number 9 Township Number 15 Range Number 2  
 County: Dickinson SE 1/4 1/4 1/4

Distance and direction from nearest town or city street address of well if located within city?  
10 miles south of Abilene, East

2 WATER WELL OWNER: TRACY SANDOW  
 RR#, St. Address, Box #: 2148 MAYWOOD DRIVE Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: MONROE, LA 71201 Application Number:



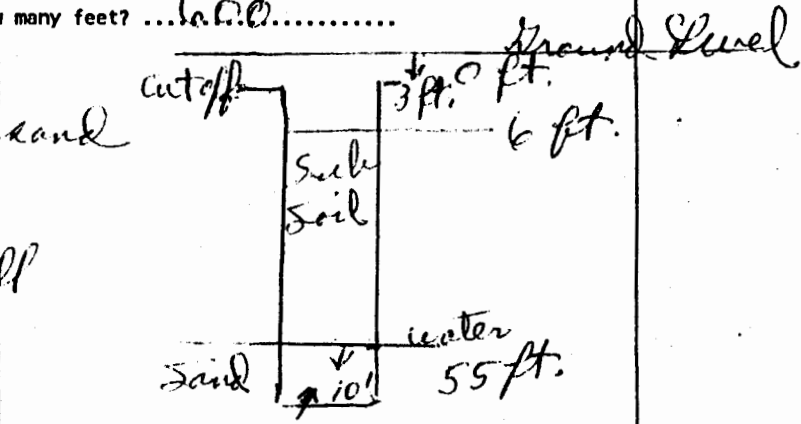
4 DEPTH OF WELL.....55.....ft.  
 WELL'S STATIC WATER LEVEL.....16.....ft.  
 WELL WAS USED AS:  
 1 Domestic      5 Public Water Supply      9 Dewatering  
 2 Irrigation    6 Oil Field Water Supply    10 Monitoring Well  
 ③ Feedlot       7 Lawn and Garden Only     11 Injection Well  
 4 Industrial    8 Air Conditioning          12 Other.....  
 Was a chemical/bacteriological sample submitted to Department? Yes....No...X  
 If yes, mo/day/yr sample was submitted.....  
 Water Well Disinfected: Yes...X.. No.....

5 TYPE OF BLANK CASING USED:  
 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.....6.....in.    Was casing pulled? Yes..... No...X.. If yes, how much.....  
 Casing height above or below land surface.....3.6.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement    ② Cement grout    3 Bentonite    4 Other.....  
 Grout Plug Intervals: From...0...ft. to...3...ft., From.....ft. to.....ft., From..... to.....ft.  
 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 .....

FROM	TO	PLUGGING MATERIALS
55	45	Washed disinfected sand
45	6	drill spoil
6	3	Cement Plug
3	0	Cut off & Back Fill



7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) July 8, 1994  
 by (signature) J. A. ... under the business name of .....

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send ~~to~~ 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.