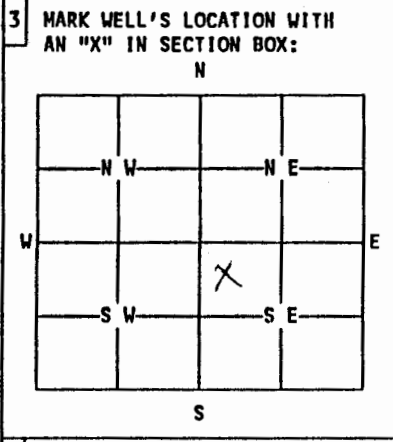


1	LOCATION OF WATER WELL:	Fraction <i>NW NW SE</i> <i>1/4 1/4 1/4</i>	Section Number <i>9</i>	Township Number <i>15</i>	Range Number <i>2</i>
County: <i>Dickinson</i>					

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 SANBOW*  
 RR#, St. Address, Box #: *2148 MAYWOOD DRIVE* Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: *MOORE, LA 71201* Application Number:

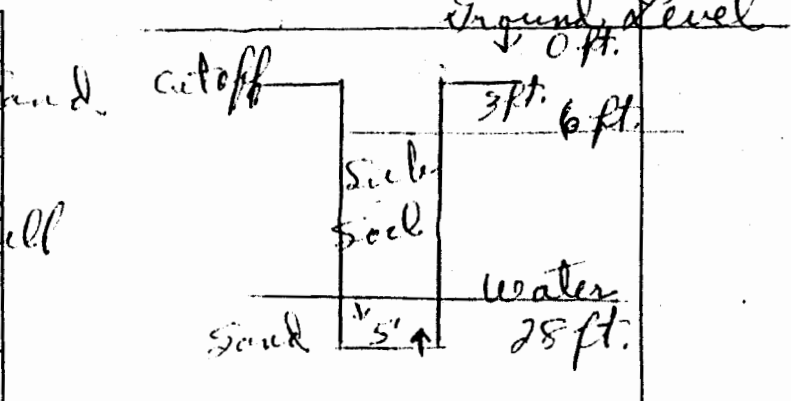


4 DEPTH OF WELL.....*28*.....ft.  
 WELL'S STATIC WATER LEVEL.....*23*.....ft.  
 WELL WAS USED AS:  
 1 Domestic      5 Public Water Supply      9 Dewatering  
 2 Irrigation    6 Oil Field Water Supply    10 Monitoring Well  
 3 Feedlot       7 Lawn and Garden Only    11 Injection Well  
 4 Industrial    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:  
 1 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.....*36*.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other.....  
 Grout Plug Intervals: From...*6*...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  
 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? .....*SE*.....      How many feet? .....*600*.....

FROM	TO	PLUGGING MATERIALS
<i>28</i>	<i>23</i>	<i>Washed disinfected sand</i>
<i>23</i>	<i>6</i>	<i>shale soil</i>
<i>6</i>	<i>3</i>	<i>Cement Plug</i>
<i>3</i>	<i>0</i>	<i>Cutoff &amp; Backfill</i>



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 21, 1994* under the business name of ..... by (signature) *Marshall Stauden*

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.