

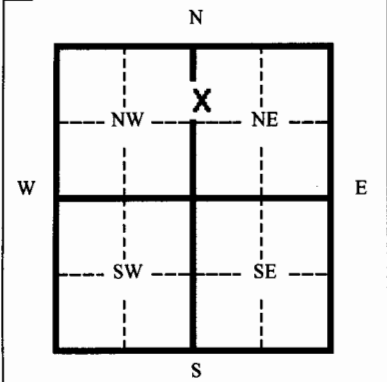
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montgomery	SW 1/4 NW 1/4 NE 1/4	31	32	16-East

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

417 E. Main Street, Independence, Kansas

2 WATER WELL OWNER: Shanks Oil Company	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # P.O. Box 351	
City, State, ZIP Code : Independence, Kansas 67301	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL	15.0	ft.	
WELL'S STATIC WATER LEVEL	4.47	ft.	
WELL WAS USED AS:			
1 Domestic	5 Public Water Supply	9 Dewatering	
2 Irrigation	6 Oil Field Water Supply	10 <input checked="" type="radio"/> Monitoring Well	
3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	
4 Industrial	8 Air Conditioning	12 Other	
Was a chemical/bacteriological sample submitted to Department?		Yes	No <input checked="" type="checkbox"/>
If yes, mo/day/yr sample was submitted _____			
Water Well Disinfected:		Yes	No <input checked="" type="checkbox"/>

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2.375** in. Was casing pulled? Yes No _____ If yes, how much? **15.0'**

Casing height above or below land surface **Unknown** in. **Overdrilled well to 15.0'**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Soils/Gravel**

Grout Plug Intervals From **15.0** ft. to **3.0** ft. From **3.0** ft. to **1.0** ft. From **1.0** ft. to **0.0** ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<input checked="" type="radio"/> 11 Fuel storage (former)	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? **Northeast** How many feet? **50**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Gravel
1.0	3.0		Soils
3.0	15.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **04/06/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **04/10/06** under the business name of **Quad State Services, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.