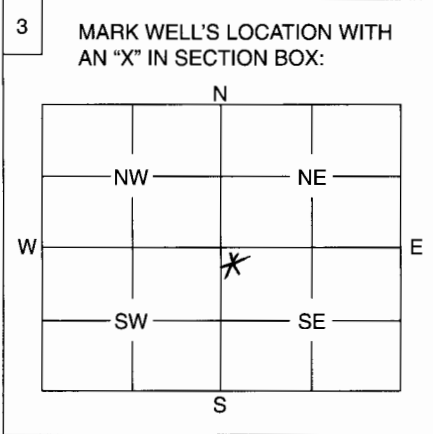


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Cowley	NW ¼ NW ¼ SE ¼	36	T-34-S	R-3 EW

Distance and direction from nearest town or city street address of well if located within city?
Southwest corner of 6th & Taylor **Well No. 3 East**

2	WATER WELL OWNER: City of Arkansas City RR #, St. Address, Box #: 118 West Central City, State, ZIP Code : Arkansas City Ks 67005	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF WELL **38.4** ft.
 WELL'S STATIC WATER LEVEL **16.1** 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 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other unknown

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	<input checked="" type="radio"/> Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **9-1/4** in. Was casing pulled? Yes No **✓** If yes, how much

Casing height above or below land surface **60** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **CHLORINATED SAND**

Grout Plug Intervals: From **3** ft. to **14** ft., From **14** ft. to **16** ft., From **16** ft. to **38.40** 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	none known
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
38.40	16	chlorinated gravel
16	14	hole plug
14	3	cement

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **1/23/2007** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **102** This Water Well Record was completed on (mo/day/year) **1/26/2007** under the business name of **Layne Christensen Company** by (signature) *[Signature]*

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.