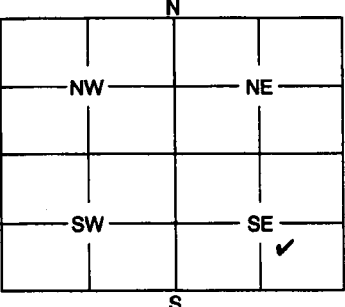


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <b>Logan</b>	<b>SE ¼ SE ¼ SE ¼</b>	<b>3</b>	<b>11</b>	<b>32</b> <span style="border: 1px solid black; padding: 2px;">E/W</span>

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

**US Hwy 40 & Smokey Hill Ave - Oakley, KS 67748**

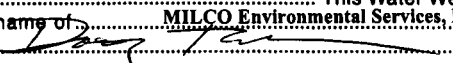
2	WATER WELL OWNER: <b>Eric Kohn</b> 622 Wink Street Oakley, KS 67748	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  	4	DEPTH OF WELL <b>140</b> ..... ft. WELL'S STATIC WATER LEVEL ..... ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td><span style="border: 1px solid black; padding: 2px;">12</span> Other <b>IW-1</b> .....</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....</p> <p>If yes, mo/day/yr sample was submitted .....</p> <p>Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> .....</p>	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	<span style="border: 1px solid black; padding: 2px;">12</span> Other <b>IW-1</b> .....
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5	TYPE OF BLANK CASING USED: <table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><span style="border: 1px solid black; padding: 2px;">2</span> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td>.....</td> </tr> </table> <p>Blank casing diameter <b>2</b> ..... in. Was casing pulled? Yes <input checked="" type="checkbox"/> ..... No ..... If yes, how much <b>3'</b> .....</p> <p>Casing height above or <u>below</u> land surface <b>40</b> ..... in.</p>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<span style="border: 1px solid black; padding: 2px;">2</span> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	.....
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<span style="border: 1px solid black; padding: 2px;">2</span> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	.....							

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <span style="border: 1px solid black; padding: 2px;">3</span> Bentonite 4 Other .....																				
	Grout Plug Intervals: From <b>0.5</b> ..... ft. to <b>140</b> ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.																				
	What is the nearest source of possible contamination: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td><span style="border: 1px solid black; padding: 2px;">11</span> Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td>.....</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td>.....</td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td>.....</td> </tr> </table> <p>Direction from well? <b>W</b> ..... How many feet? <b>115</b> .....</p>	1 Septic tank	6 Seepage pit	<span style="border: 1px solid black; padding: 2px;">11</span> 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	.....
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FROM	TO	PLUGGING MATERIALS
0	0.5	
0.5	140	Pressurized Grout

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>5-30-08</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>735</b> ..... This Water Well Record was completed on (mo/day/year) <b>6-2-08</b> ..... under the business name of <b>MILCO Environmental Services, Inc.</b> by (signature)  .....
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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.