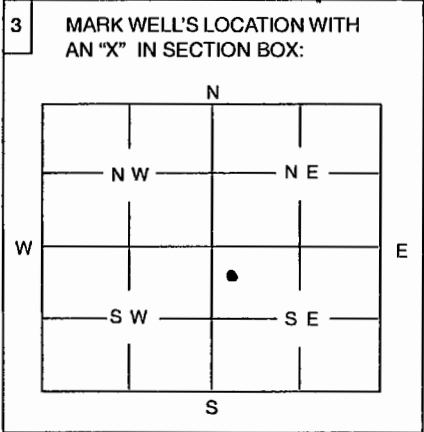


1 LOCATION OF WATER WELL: County: <u>NESS</u>	Fraction <u>NW 1/4 NW 1/4 SE 1/4</u>	Section Number <u>30</u>	Township Number <u>18</u>	Range Number <u>73 W</u>
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Distance and direction from nearest town or city street address of well if located within city?
NORTH SIDE OF LOCUST ST., BETWEEN KANSAS AVE AND MAIN ST.

2 WATER WELL OWNER: <u>HAROLD GABLE</u> RR #, St. Address, Box #: <u>301 W. SYCAMORE</u> City, State, ZIP Code: <u>NESS CITY, KS. 66260</u>	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF WELL 41 ft
WELL'S STATIC WATER LEVEL 27.36 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

Was a chemical / bacteriological sample submitted to Department? Yes No
If yes, mo/day/yr sample was submitted N/A

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	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter: 2.375 in. Was casing pulled? Yes No
Casing height above or below land surface in. OVERDRILLED TO 73' If, yes, how much 2 1/2'

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other SOILS

Grout Plug Intervals: From 41 ft. to 3 ft., From 3 ft. to 0 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? SOUTH-SW How many feet? 1,370'

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>COMPACTED SOILS</u>
<u>3</u>	<u>41</u>	<u>BENTONITE CHIPS</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/24/02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. WIC/02 under the business name of QUAD STATE SERVICES, INC. This Water Well Record was completed on (mo/day/year)

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.