

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Ness</b>	<b>NW ¼ SW ¼ SE ¼</b>	<b>30</b>	<b>18</b>	<b>23-West</b>

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

**301 W. Sycamore, Ness City**

2 WATER WELL OWNER: **Harold Gable**  
 RR#, St. Address, Box # **301 W. Sycamore Street** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Ness City, Kansas 67560** Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>40.0</b> ft.
	WELL'S STATIC WATER LEVEL <b>Dry</b> 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 (domestic)                      11 Injection Well 4 Industrial                      8 Air Conditioning                      ② Other <b>SVE Well</b>
	Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <b>X</b>

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
② PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2.375** in. Was casing pulled? Yes **X** No \_\_\_\_\_ If yes, how much? **40.0'**

Casing height above or below land surface **Below/Unknown** in. **Overdrilled well to 20'.**

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

Grout Plug Intervals From **40.0** ft. to **3.0** ft. From **3.0** ft. to **0.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	① 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** How many feet? **20**

FROM	TO	CODE	PLUGGING MATERIALS
<b>0.0</b>	<b>3.0</b>		<b>Compacted soils</b>
<b>3.0</b>	<b>40.0</b>		<b>Bentonite chips</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **10/20/05** 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) **11/20/05** under the business name of **Quad State Services, Inc.**

by (signature) *[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.