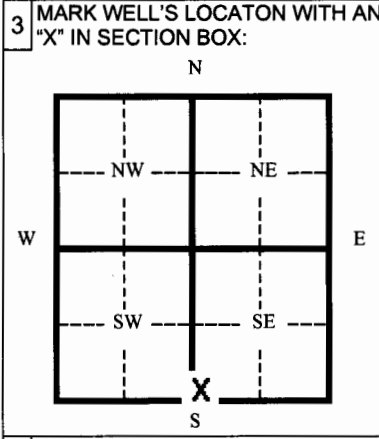


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Ness NW ¼ SW ¼ SE ¼	30	18	23-West

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**
 City, State, ZIP Code : **Ness City, Kansas 67560**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL **42.0** ft.
 WELL'S STATIC WATER LEVEL **Dry** 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 SVE Well**

Was a chemical/bacteriological sample submitted to Department? Yes ___ No **X**
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes ___ No **X**

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 ___ No **X** If yes, how much? _____
 Casing height above or below land surface **Below/Unknown** in. **Overhead power lines; excavated to 5' via backhoe.**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** **4 Other Soils**
 Grout Plug Intervals From **42.0** ft. to **5.0** ft. From **5.0** ft. to **0.0** ft. From _____ ft. 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? **Southeast** How many feet? **10**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	5.0		Compacted soils
5.0	42.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **10/25/05** 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) _____

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.