

1	LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County:	Ness NW 1/4 SW 1/4 SE 1/4	30	18	23-West

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

Near southeast corner of Court and Sycamore Street, 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 LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL **54.5** ft.

WELL'S STATIC WATER LEVEL **48.42** ft.

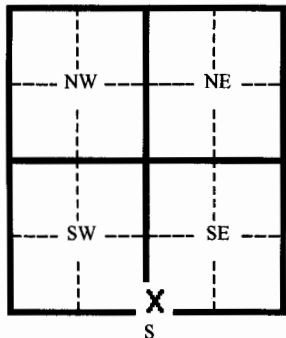
WELL WAS USED AS:

- 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 12 Other

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 **X** No ___ If yes, how much? **54.5'**

Casing height above or below land surface **Above/Unknown** in. Existing grout seal equal to or greater than 20'.

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

Grout Plug Intervals From **54.5** 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 **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? **West** How many feet? **150**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Compacted soils
3.0	54.5		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **10/20/05** 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) _____

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.