

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

Distance and direction from nearest town or city street address of well if located within city?
Between creek and behind residence west end and south side of North 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 LOCATON WITH AN "X" IN SECTION BOX:

N			E
W			S

4 DEPTH OF WELL **50.0** ft.
 WELL'S STATIC WATER LEVEL **32.74** ft.
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 <input checked="" type="radio"/> 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
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes _____ No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2.375** in. Was casing pulled? Yes No _____ If yes, how much? **50'**
 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 **50.0** 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	<input checked="" type="radio"/> 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-southeast** How many feet? **1,650**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Compacted soils
3.0	50.0		Bentonite chips

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