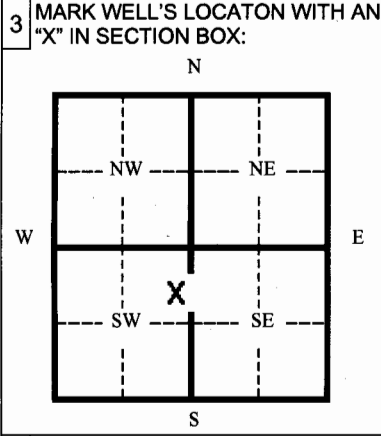


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: <b>Ness</b> NE ¼ NE ¼ SW ¼	<b>30</b>	<b>18</b>	<b>23-West</b>

Distance and direction from nearest town or city street address of well if located within city?  
**North side of Locust Street, between Locust and alley west of Locust Street, 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 **44.0** 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      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)  
 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? **44'**  
 Casing height above or below land surface **Below/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 **44.0** 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      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** How many feet? **1,300**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Compacted soils
3.0	44.0		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.