

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ness	SE 1/4 NW 1/4 NE 1/4	31	18	23-West

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

520 S. Pennsylvania, Ness City, Kansas

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

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 35 ft.		
	WELL'S STATIC WATER LEVEL 32.02 ft.		
	WELL WAS USED AS:		
	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning	9 Dewatering 10 Monitoring Well 11 Injection Well 2 Other Vapor Extraction 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? N/A		
Casing height above or <u>below</u> land surface Unknown in.		Casing plugged; casing removed to depth of 3' BTOC.		

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soils/Concrete				
Grout Plug Intervals From 35.0 ft. to 3.0 ft. From 3.0 ft. to 1.0 ft. From 1.0 ft. to 0.0 ft.				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	11 Fuel storage (former)	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? North		How many feet? 50		

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Concrete
1.0	3.0		Soils
3.0	35.0		Bentonite chips

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 05/24/07 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) 05/25/07 under the business name of Quad State Services, Inc. by (signature) <i>[Signature]</i>
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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.