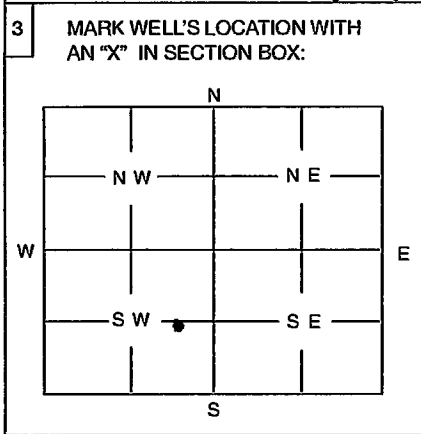


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>NESS</u>	<u>NE 1/4 SE 1/4 SW 1/4</u>	<u>30</u>	<u>18</u>	<u>73 W</u>

Distance and direction from nearest town or city street address of well if located within city?  
WEST OF MAIN AND FRANKLIN ST.

2	WATER WELL OWNER: <u>HAROLD GABLE</u> RR #, St. Address, Box #: <u>301 W. SYCAMORE</u> City, State, ZIP Code: <u>NESS CITY, KS. 66560</u>	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF WELL ..... 73 ..... ft

WELL'S STATIC WATER LEVEL 75.52 ..... 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 Domestic (Lawn & Garden)	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 N/A

Water Well Disinfected: Yes ..... No

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 7.315 in. Was casing pulled? Yes  No ..... If yes, how much 31'

Casing height above/below land surface UNKNOWN in. OVERDRILLED TO 73'

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  Bentonite  Other SOILS

Grout Plug Intervals: From 0 ft. to 3 ft., From 3 ft. to 0 ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<input checked="" type="checkbox"/> 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? 630'

FROM	TO	PLUGGING MATERIALS
0	3	COMPACTED SOILS
3	73	BENTONITE CHIPS

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/27/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 51606 This Water Well Record was completed on (mo/day/year) 5/27/06 under the business name of QUAD STATE SERVICES, INC. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.