

|   |                         |                       |                |                 |  |
|---|-------------------------|-----------------------|----------------|-----------------|--|
| 1 | LOCATION OF WATER WELL: | Fraction              | Section Number | Township Number | Range Number   |
|   | County: <b>Scott</b>    | <b>SW ¼ SW ¼ SW ¼</b> | <b>18</b>      | <b>18</b>       | <b>32</b> <span style="border: 1px solid black; padding: 2px;">EW</span> |

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

**SE Corner of Main & 3rd, Scott City, KS**

|   |   |   |
|---|---|---|
| 2 | WATER WELL OWNER: <b>Pat's Sinclair</b>         | Board of Agriculture, Division of Water Resources |
|   | RR #, St. Address, Box #: <b>P O Box 609</b>    | Application Number:                               |
|   | City, State, ZIP Code: <b>Andover, KS 67002</b> |   |

|   |  |   |                                |
|---|--|---|--------------------------------|
| 3   | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4   | DEPTH OF WELL <b>38.73</b> ft. |
|   |  | WELL'S STATIC WATER LEVEL ..... ft.<br><br>WELL WAS USED AS:<br>1 Domestic                      5 Public Water Supply                      9 Dewatering<br>2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring Well <b>SV-1</b><br>3 Feedlot                          7 Domestic (Lawn & Garden)                      11 Injection Well<br>4 Industrial                      8 Air Conditioning                          12 Other ..... |                                |
| Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....<br>If yes, mo/day/yr sample was submitted ..... |  |   |                                |
| Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> .....  |  |   |                                |

|   |  |
|---|--|
| 5 | TYPE OF BLANK CASING USED:   |
|   | 1 Steel                      3 RMP (SR)                      5 Wrought                      7 Fiberglass                      9 Other (Specify below)<br>2 <span style="border: 1px solid black; padding: 2px;">PVC</span> 4 ABS                      6 Asbestos-Cement                      8 Concrete Tile |
|   | Blank casing diameter <b>2</b> in.                      Was casing pulled? Yes <input checked="" type="checkbox"/> No .....                      If yes, how much <b>4'</b>  |
|   | Casing height above or <u>below</u> land surface ..... in.   |

|   |   |
|---|---|
| 6 | GROUT PLUG MATERIAL:                      1 Neat cement                      2 Cement grout                      3 <span style="border: 1px solid black; padding: 2px;">Bentonite</span> 4 Other .....  |
|   | Grout Plug Intervals:                      From <b>4</b> ft. to <b>38.73</b> ft.,                      From ..... ft. to ..... ft.,                      From ..... to ..... ft.  |
|   | What is the nearest source of possible contamination:<br>1 Septic tank                      6 Seepage pit                      11 <span style="border: 1px solid black; padding: 2px;">Fuel storage</span> 16 Other (specify below)<br>2 Sewer lines                      7 Pit privy                      12 Fertilizer storage<br>3 Watertight sewer lines                      8 Sewage lagoon                      13 Insecticide storage<br>4 Lateral lines                      9 Feedyard                      14 Abandoned water well<br>5 Cess pool                      10 Livestock pens                      15 Oil well/Gas well |
|   | Direction from well? <b>east</b> How many feet? <b>25</b>   |

| FROM | TO    | PLUGGING MATERIALS |
|------|-------|--------------------|
| 0    | 4     | native soil        |
| 4    | 38.73 | bentonite          |
|      |       |                    |
|      |       |                    |
|      |       |                    |
|      |       |                    |

|   |   |
|---|---|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>05-04-07</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>735</b> This Water Well Record was completed on (mo/day/year) <b>5-7-07</b> under the business name of <b>MILCO Environmental Services Inc.</b><br>by (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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.