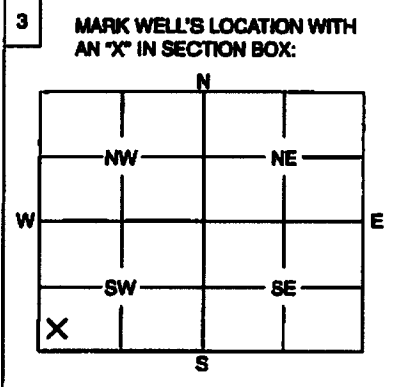


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Scott		SW ¼ SW ¼ SW ¼	18	18	32

Distance and direction from nearest town or city street address of well if located within city?
 302 Main, Scott City, KS 67871

2	WATER WELL OWNER: Pat's Sinclair RR #, St. Address, Box #: 302 Main City, State, ZIP Code : Scott City, KS 67871	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF WELL151.78..... 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	<input checked="" type="checkbox"/> Monitoring Well MW-14
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

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="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter4"..... in. Was casing pulled? Yes No If yes, how much3'.....
 Casing height above or below land surface36..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other

Grout Plug Intervals: From .3..... ft. to ..151.78.. ft., From ft. to ft., From 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? How many feet?

FROM	TO	PLUGGING MATERIALS
0	0.5	concrete
0.5	3	native soil
3	151.78	beatonite grout

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)1/22/14..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.735..... This Water Well Record was completed on (mo/day/year)2/21/14..... under the business name of...MILCO Environmental 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, Geology Section, 1000 SW Jackson St., Sta. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.