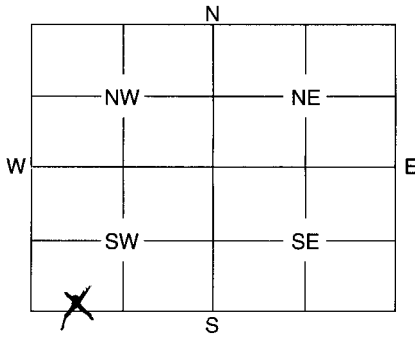


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: RICE	SW ¼ ¼ ¼	13	19	8			E (W)

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

2	WATER WELL OWNER: GARY CRAWFORD	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: 1825 AVE J	Application Number:
	City, State, ZIP Code: LYONS KS 67554	

3	4	DEPTH OF WELL 54 ft. WELL'S STATIC WATER LEVEL 22 ft. WELL WAS USED AS: <input checked="" type="radio"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="radio"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input checked="" type="radio"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="radio"/> 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 <input checked="" type="checkbox"/> No
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		

5	TYPE OF BLANK CASING USED: <input checked="" type="radio"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 6 in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much Casing height above or below land surface 12 feet in.
---	--

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other Grout Plug Intervals: From ft. to ft., From top ft. to 2' down to ft. What is the nearest source of possible contamination: <input checked="" type="radio"/> 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <input type="radio"/> 2 Sewer lines 7 Pit privy 12 Fertilizer storage <input type="radio"/> 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage <input type="radio"/> 4 Lateral lines 9 Feedyard 14 Abandoned water well <input type="radio"/> 5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well? W-DOWN HILL How many feet? 75+
---	--

FROM	TO	PLUGGING MATERIALS

RECEIVED
DEC 03 2004
BUREAU OF WATER

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/30/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) by (signature) Gary Crawford under the business name of
---	---

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.