

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Scott</u>	<u>SE 1/4 SE 1/4 NE 1/4</u>	<u>24</u>	<u>20</u>	<u>33</u> E/W

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

2	WATER WELL OWNER: <u>Vern Stiles</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>9180 S. Mesquite Rd.</u>	Application Number:
	City, State, ZIP Code: <u>Scott City, KS 67871</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>unknown</u> ft.												
		WELL'S STATIC WATER LEVEL ft.													
WELL WAS USED AS:															
<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>stock</u></td> </tr> </table>				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 <u>stock</u>
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Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>															
If yes, mo/day/yr sample was submitted															
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No															

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

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other																				
	Grout Plug Intervals:	From <u>6</u> ft. to <u>16</u> ft.,	From ft. to ft.,	From to ft.																					
	What is the nearest source of possible contamination: <u>none</u>																								
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	Direction from well?		How many feet?																						

FROM	TO	PLUGGING MATERIALS
<u>16</u>	<u>bottom</u>	<u>800 lbs. bentonite sand mixed</u>
<u>6</u>	<u>16</u>	<u>500 lbs bentonite</u>
<u>0</u>	<u>6</u>	<u>top soil</u>

RECEIVED
NOV 18 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) <u>10-18-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>532</u> This Water Well Record was completed on (mo/day/year) <u>11-9-04</u> under the business name of <u>Midwest Well & Pump Inc.</u> by (signature) <u>Victor Stulep</u>	
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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.