

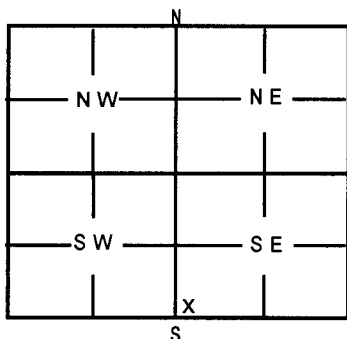
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Pawnee	SW 1/4 SW 1/4 SE 1/4	31	T 23 S	R 15 E <b>(W)</b>

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

Approximately 4 miles east and 4 miles south of Zook

2	WATER WELL OWNER: Grace M. Gano Trust c/o Don Vosburgh RR#, St. Address, Box # Route 1 City, State, ZIP Code Macksville, KS 67557	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 57 ft WELL'S STATIC WATER LEVEL 27 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 <b>Test Well</b> 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 _____
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5	TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <b>2 PVC</b> 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 4 in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> Casing height above or <b>below</b> land surface 48 in. If yes, how much Cut off _____
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6	GROUT PLUG MATERIAL: 1 Neat Cement <b>2 Cement grout</b> 3 Bentonite 4 Other Grout Plug Intervals: From 57 ft. to 4 ft., From _____ ft. to _____ ft. From _____ ft. 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 <b>None known</b> 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? _____
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FROM	TO	PLUGGING MATERIALS
57	4	Concrete Grout
4	0	Compacted Soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-29-00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 12-1-00 under the business name of Clarke Well & Equipment, Inc. by (signature) <i>Clarke Well &amp; Equipment, Inc.</i>
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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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.