| 1 LOCATI                                 | ON OF WATER  | WELL:   | Fraction  | Section Number  | Township Numbe  | r Range Number   |
|--|--|---|---|---|---|--|
| County: F                                | inney  |   | SE 14 SW 14 NE 14   | 18  | 24  | 32 E(W   |
|  | rection from ne<br>7th, Gard   |   | ity street address of well if loo   | eated within city?  |   |  |
| <br>RR #, St.                            | WELL OWNER Address, Box #  | . 1000  | SW Jackson St., Su<br>a, KS 66612   | uite 410<br>Board of Agricultur<br>Application Numbe  | re, Division of Water Resc  | purces   |
| 3 MARK V<br>AN "X" I                     | VELL'S LOCATI<br>N SECTION BO  | ION WITH DX:  | WELL'S STATIC WATE WELL WAS USED AS:  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial        | 35 ft.<br>ER LEVELn/a ft.   | y 9 Dewa<br>ply 10 Monit<br>Garden) 11 Injecti<br><b>(2</b> ) Other           | oring Well<br>ion Well<br>·                            |
| SW                                       | S  | SE —  |   | as submitted  |   |  |
| GROUT Grout Pl                           | PLUG MATERI<br>ug Intervals:   | 6 Ast<br>4 in.<br>below land su<br>IAL: 1 No<br>From0 | Was casing pulled?  rface   | YesX No in.  3 Bentonite 4  | If yes, how   | much35.  |
| 1 Sep<br>2 Sep<br>3 Wa<br>4 Lat<br>5 Cep | otic tank<br>wer lines<br>tertight sewer li<br>eral lines<br>ss pool | ines  | contamination: 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens       | 11 Fuel storage<br>12 Fertilizer storage<br>13 Insecticide storag<br>14 Abandoned water<br>15 Oil well/Gas well | e<br>well   | specify below)   |
| Direction                                | n from well?   |   | How man   | y feet?   |   |  |
| 0<br>0.5                                 |  | PL<br>Cement gr<br>Bentonite                          |   | KVA-3 (8  | Shallow)  |  |
|  |  |   |   |   |   |  |
| (mo/day.<br>Water We<br>4./.1.           | /year)<br>ell Contractor's l<br>/ 2005                               | 3/.1.0/.2005<br>License No<br>under the               | :R'S CERTIFICATION: Thi   | and this record is tr<br>   | d under my jurisdictio<br>ue to the best of my kno<br>/ater Well Record was c | wledge and belief. Kansas<br>ompleted on (mo/day/year) |
| INSTRUCTIC<br>answers. Sen               | NS: Use type<br>ad top three co                                      | writer or ball<br>opies to Kans                       | point pen. <u>Please press fi</u><br>as Department of Health a<br>167. Telephone: 785/296-5 | rmly and <u>print</u> clearly. Ple<br>and Environment, Bureau   | ase fill in blanks, unde<br>of Water, Geology Se                              | orline or circle the correct action, 1000 SW Jackson   |