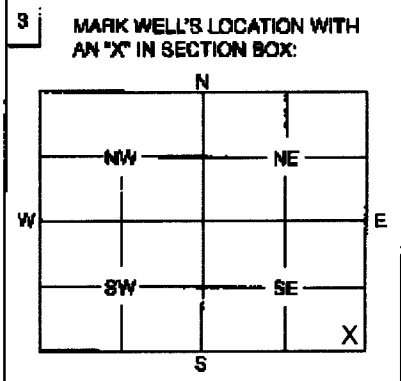


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Finney	SE ¼ SE ¼ SE ¼	7	24	32W EAW

Distance and direction from nearest town or city street address of well if located within city?
407 East Kansas, Garden City, KS

2 WATER WELL OWNER: Rupp's Tire Service
RR #, St. Address, Box #: 407 E Kansas Ave
City, State, ZIP Code : Garden City, KS 67846
Board of Agriculture, Division of Water Resources
Application Number:



4 DEPTH OF WELL 46.8 ft.
WELL'S STATIC WATER LEVEL dry ft.
WELL WAS USED AS:
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other
Was a chemical / bacteriological sample submitted to Department? Yes No X
If yes, mo/day/yr sample was submitted
Water Well Disinfected: Yes No X

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

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Plug Intervals: From 3 ft. to 47 ft., From ft. to ft., From to ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)
Direction from well? Southeast How many feet? 100

FROM	TO	PLUGGING MATERIALS
0	3	Clay
3	47	Hydrated bentonite chips

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/10/15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 708 This Water Well Record was completed on (mo/day/year) 4/24/15 under the business name of SCS Aquaterra by (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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.