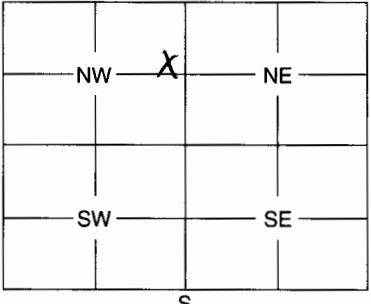


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Gray</u>	<u>SE 1/4 NE 1/4 NW 1/4</u>	<u>11</u>		<u>26</u>		<u>28</u>	<u>EW</u>

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

402 W Ave A

2	WATER WELL OWNER: <u>Osborn 66</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>402 W Ave A</u>	Application Number:
	City, State, ZIP Code: <u>Camarron KS 67835</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>44</u> ft.
			WELL'S STATIC WATER LEVEL <u>DRY</u> 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 <u>✓</u>
			If yes, mo/day/yr sample was submitted
			Water Well Disinfected: Yes No <u>✓</u>

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

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other
	Grout Plug Intervals: From <u>0</u> ft. to <u>5</u> ft., From <u>5</u> ft. to <u>26</u> ft., From to
	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) <u>UST</u>
	Direction from well? <u>W</u> How many feet? <u>280</u>

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>44</u>	<u>20-30% solid bentonite slurry grout with top 5 feet overdrilled after grouting</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4/14/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>594</u> This Water Well Record was completed on (mo/day/year) <u>5/19/05</u> under the business name of <u>Lorance Great Plains</u> by (signature) <u>[Signature]</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.