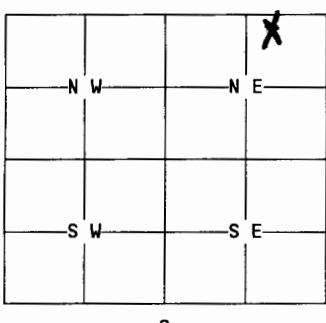


1	LOCATION OF WATER WELL:	Fraction <b>NE</b> <b>1/4</b>	Section Number	Township Number	Range Number
	County: <b>Gray</b>	<b>NE 1/4 1/4</b>	<b>20</b>	<b>26</b>	<b>30</b>
Distance and direction from nearest town or city street address of well if located within city? <b>7 miles SW of Charleston</b>					
2	WATER WELL OWNER:	<b>Herman J. Smith</b>			
RR#, St. Address, Box #:		15203 3rd			
City, State, ZIP Code :		<b>Ingalls, KS 67853</b>			
Board of Agriculture, Division of Water Resources Application Number:					
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	N  E S W			
4	DEPTH OF WELL.....	<b>75</b> ft.			
	WELL'S STATIC WATER LEVEL.....	<b>dry</b> 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 Lawn and Garden Only      11 Injection Well 4 Industrial      8 Air Conditioning      12 Other.....  Was a chemical/bacteriological sample submitted to Department? Yes....No <b>X</b> . If yes, mo/day/yr sample was submitted.....  Water Well Disinfected: Yes <b>X</b> ... No..... 			
5	TYPE OF BLANK CASING USED:	1 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.....	<b>3</b> in.      Was casing pulled? Yes <b>X</b> ... No <b>X</b> ... If yes, how much.....			
	Casing height above or below land surface.....	<b>3ft.</b>			
6	GROUT PLUG MATERIAL:	1 Neat cement      2 Cement grout      3 Bentonite      4 Other.....			
	Grout Plug Intervals:	From.....ft. to.....ft., From.....ft. to .....ft., From..... 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 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? .....			
	FROM	TO	PLUGGING MATERIALS		
	<b>0</b>	<b>6"</b>	<b>topsoil</b>		
	<b>6"</b>	<b>12"</b>	<b>Concrete</b>		
	<b>1'</b>	<b>75'</b>	<b>gravel</b>		
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>8/12/95</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/year) ..... under the business name of <b>Herman J. Smith</b> by (signature) <b>Herman J. Smith</b>				
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.					