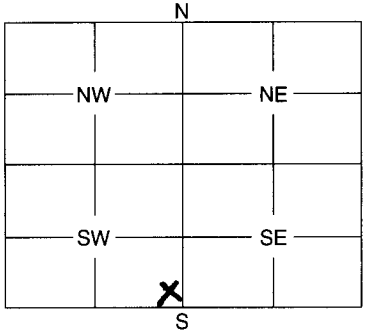


1 LOCATION OF WATER WELL: County: PRATT	Fraction ¼ SE ¼ SE ¼ SW	Section Number 13	Township Number 27	Range Number 13 W_{EW}
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Distance and direction from nearest town or city street address of well if located within city?
From PRATT 3 N. on Hwy 281 Then 3½ EAST ½ on N. Side of Rd

2 WATER WELL OWNER: DAVID BLASI RR #, St. Address, Box #: 20219 NW 10th Ave City, State, ZIP Code: PRATT, KS 67124	Board of Agriculture, Division of Water Resources Application Number: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF WELL 106 ft. WELL'S STATIC WATER LEVEL 69 ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input checked="" type="checkbox"/> 1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td><input type="checkbox"/> 6 Oil Field Water Supply</td> <td><input type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td><input type="checkbox"/> 7 Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> 11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td><input type="checkbox"/> 8 Air Conditioning</td> <td><input type="checkbox"/> 12 Other</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted	<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering	<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other
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<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well											
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other											

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile

Blank casing diameter **4** in. Was casing pulled? Yes No If yes, how much **3 FT**
 Casing height above of below land surface **36** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Sand**

Grout Plug Intervals: From **23** ft. to **3** 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
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
		16 Other (specify below) I.N. + Pasture

Direction from well? **999** How many feet? **999**

FROM	TO	PLUGGING MATERIALS
106	23	Sand
23	3	Bentonite
3	0	NATIVE SOIL

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **672** This Water Well Record was completed on (mo/day/year) under the business name of **Crowds Water Well Sur.**
 by (signature) **Tom Crowds**

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.