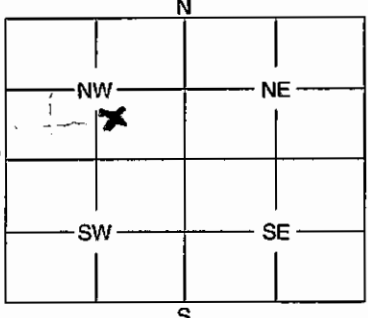


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>PRATT</u>	<u>1/4 NW 1/4 SE 1/4 NW</u>	<u>3</u>	<u>27</u>	<u>13</u> EW

Distance and direction from nearest town or city street address of well if located within city?
AT this Home Address Iuka, KS

2	WATER WELL OWNER: <u>MARSHA GIGGY</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>106 HARRISON ST</u>	Application Number:
	City, State, ZIP Code : <u>IUKA, KS 67066</u>	

3	4	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	DEPTH OF WELL <u>182</u> ft. WELL'S STATIC WATER LEVEL <u>70</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> 4 Industrial 8 Air Conditioning 12 Other Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input checked="" type="checkbox"/> No
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5	TYPE OF BLANK CASING USED:	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="checkbox"/> <u>PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter in.	Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much
	Casing height above or below land surface <u>48</u> in.	

6	GROUT PLUG MATERIAL:	1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input checked="" type="checkbox"/> 4 Other <u>Sand</u>
	Grout Plug Intervals:	From <u>182</u> ft. to <u>20</u> ft., From <u>20</u> ft. to <u>0</u> ft., From to ft.
	What is the nearest source of possible contamination:	<u>Sand</u> <u>Bentonite</u>
	Direction from well? <u>999</u>	How many feet? <u>999</u>

FROM	TO	PLUGGING MATERIALS
<u>182</u>	<u>20</u>	<u>Sand</u>
<u>20</u>	<u>0</u>	<u>Bentonite</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-14-17</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>672</u> This Water Well Record was completed on (mo/day/year) <u>4-21-17</u> under the business name of <u>Crowd's Water Well Serv</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.