

1	LOCATION OF WATER WELL:	Fraction <u>Near Center</u> <u>1/4</u> <u>1/4 NW 1/4</u>	Section <u>31</u>	Number	Township <u>27</u>	Number	Range <u>27</u>	Number																											
County: <u>Gray</u> Distance and direction from nearest town or city street address of well if located within city?																																			
<u>5 miles west of 3/4 north of Ensign</u>																																			
2	WATER WELL OWNER:	<u>Gray Etting</u> <u>P.O. Box 27</u>																																	
RR #, St. Address, Box #: City, State, ZIP Code			Board of Agriculture, Division of Water Resources Application Number: <u>existing well</u>																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL ..... <u>237</u> ft. WELL'S STATIC WATER LEVEL ..... <u>210</u> ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input checked="" type="checkbox"/> Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes ..... No ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....								1 Domestic	5 Public Water Supply	9 Dewatering	<input checked="" type="checkbox"/> Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....														
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5	TYPE OF BLANK CASING USED:	<input checked="" type="checkbox"/> 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) <input type="checkbox"/> 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile																																	
Blank casing diameter <u>16</u> in.      Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> If yes, how much ..... Casing height above or below land surface <u>4 ft</u> in.																																			
6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other .....																														
Grout Plug Intervals: From <u>13</u> ft. to <u>3</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																			
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1-18-12</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>01142</u> This Water Well Record was completed on (mo/day/year) ..... under the business name of ..... by (signature) <u>Gray Etting</u>																																	
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.																																			