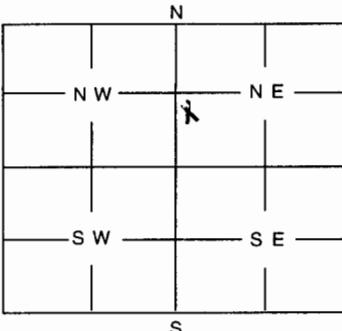


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
County:	Gray	NW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	15	27	30																											
Distance and direction from nearest town or city street address of well if located within city? <i>From Copeland 11 miles North 2$\frac{1}{2}$ East $\frac{1}{2}$ South</i>																																
2	WATER WELL OWNER: <i>Marilyn Statini</i>	Board of Agriculture, Division of Water Resources Application Number:																														
RR #, St. Address, Box #:	5942 E Juniper Ave																															
City, State, ZIP Code : Scottsdale, AZ 85254																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <i>263</i> ft																													
		WELL'S STATIC WATER LEVEL <i>159</i> ft.																														
WELL WAS USED AS:																																
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Was a chemical / bacteriological sample submitted to Department? Yes No <i>X</i>																																
If yes, mo/day/yr sample was submitted																																
Water Well Disinfected: Yes <i>X</i> No																																
5	TYPE OF BLANK CASING USED:																															
<input checked="" 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 type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile																																
Blank casing diameter <i>16</i> in. Was casing pulled? Yes No <i>X</i> If yes, how much																																
Casing height above or below land surface <i>4' Below</i> in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other																															
Grout Plug Intervals: From <i>7'</i> ft. to <i>48'</i> ft., From ft. to ft., From ft. to ft.																																
What is the nearest source of possible contamination:																																
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Direction from well? <i>South</i> How many feet? <i>800'</i>																																
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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) <i>2-5-05</i> 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 by (signature) <i>Marilyn Statini by Mrs. Davidson (P.A.)</i>																															
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: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																