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|---|-------------------------|----------------------------------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| | County: <u>Gray</u> | $\frac{1}{4}$ $\frac{1}{4}$ NW $\frac{1}{4}$ | <u>1</u> | <u>27</u> | <u>30</u> |

Distance and direction from nearest town or city street address of well if located within city?

| | | |
|---|------------------------------------------------|---------------------------------------------------|
| 2 | WATER WELL OWNER: <u>Herman Smith</u> | Board of Agriculture, Division of Water Resources |
| | RR #, St. Address, Box #: <u>15203 3 Rd</u> | Application Number: |
| | City, State, ZIP Code: <u>Ingalls KS 67853</u> | |

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| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <u>220</u> ft. | | | | | | | | | | | | |
| | | WELL'S STATIC WATER LEVEL <u>196</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>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> | | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 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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| <p>Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>.....</p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes No <u>X</u>.....</p> | | | | | | | | | | | | | | | |

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| 5 | TYPE OF BLANK CASING USED: |
| | <input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile |
| | Blank casing diameter <u>16</u> in. Was casing pulled? Yes No <u>X</u> 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 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: | | | | | | | | | | | | | | | | | | | | |
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| | Direction from well? How many feet? | | | | | | | | | | | | | | | | | | | | |

| FROM | TO | PLUGGING MATERIALS |
|-------------|-------------|----------------------|
| <u>220'</u> | <u>150'</u> | <u>Course Gravel</u> |
| <u>150'</u> | <u>9'</u> | <u>Clay Dirt</u> |
| <u>9'</u> | <u>4'</u> | <u>Bentonite</u> |
| <u>4'</u> | | <u>Cut off at 4'</u> |
| | | |
| | | |
| | | |

Course gravel 220' - 150'
clay dirt 150' - 9'
Bentonite 9' - 4'

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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>Feb 19 2010</u> 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) |
| | by (signature) <u>Ray Allen Smith</u> under the business name of |

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.