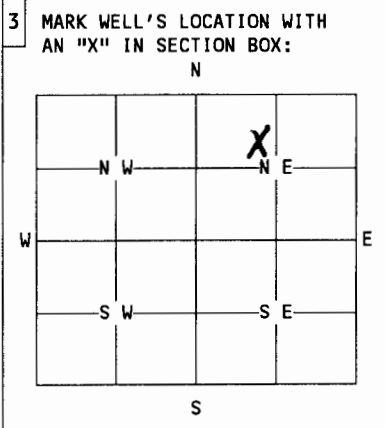


1 LOCATION OF WATER WELL: Fraction NE Section Number 2 Township Number 27 Range Number 30
 County: Gray NE 1/4 NW 1/4 1/4 W

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

2 WATER WELL OWNER: Herman J. Smith
 RR#, St. Address, Box #: 15203 3rd Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Ingalls, KS 67853 Application Number:



4 DEPTH OF WELL.....75.....ft.
 WELL'S STATIC WATER LEVEL. dry.....ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 3 Feedlot 7 Lawn and Garden Only 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other livestock well

Was a chemical/bacteriological sample submitted to Department? Yes....No X.
 If yes, mo/day/yr sample was submitted.....
 Water Well Disinfected: Yes X.. No.....

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter.....in. Was casing pulled? Yes..... No..... If yes, how much.....
 Casing height above or below land surface.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other... gravel.....
 Grout Plug Intervals: From 1..ft. to 75..ft., From.....ft. toft., From..... to.....ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>6"</u>	<u>topsoil</u>
<u>6"</u>	<u>12"</u>	<u>cement</u>
<u>1'</u>	<u>75</u>	<u>gravel</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....4/30/95..... 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 of4/30/95..... by (signature) Herman J. Smith.....

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.