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|---|-------------------------|--|----------------|-----------------|-------------------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| | County: Kiowa | $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ NW | 21 | 28 | 18 EW |

Distance and direction from nearest town or city street address of well if located within city?
In city limits, 918 S. Bay, Greensburg, KS

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| 2 | WATER WELL OWNER: Mable Schmidt | Board of Agriculture, Division of Water Resources |
| | RR #, St. Address, Box #: 918 S. Bay | Application Number: N/A |
| | City, State, ZIP Code: Greensburg, KS 67054 | |

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|--------------|--|---------------------------------------|---|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|--------------------|---------------------------------------|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL 190 190 205 ft. | | | | | | | | | | | | |
| | | | WELL'S STATIC WATER LEVEL 100 ft. | | | | | | | | | | | | |
| | | | WELL WAS USED AS: | | | | | | | | | | | | |
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| | | | Was a chemical / bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted | | | | | | | | | | | | |
| | | | Water Well Disinfected: Yes No X | | | | | | | | | | | | |

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| 5 | TYPE OF BLANK CASING USED: |
| | 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9X Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile <u>Polyethylene</u> |
| | Blank casing diameter 3/4 in. Was casing pulled? Yes No A If yes, how much |
| | Casing height above or below land surface in. |

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|-------------------------|--------------------------|-----------------|--------------------------|---------------|-------------|-----------------------|-------|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|
| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout X Bentonite 4 Other | | | | | | | | | | | | | | | | | | | | |
| | Grout Plug Intervals: From 1 ft. to 190 ft., From 1 ft. to 190 ft., From 1 to 205 ft. | | | | | | | | | | | | | | | | | | | | |
| | What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | |
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| | Direction from well? How many feet? | | | | | | | | | | | | | | | | | | | | |

| FROM | TO | LOG EXCESSIVE MATERIALS |
|------------|------------|---|
| | | Log |
| 0 | 4 | Topsoil |
| 4 | 24 | Clay, silty, brown |
| 24 | 55 | Clay, brown |
| 55 | 70 | Sand, fine |
| 70 | 101 | Sand, fine to coarse with gravel |
| 101 | 120 | Shale, green, soft |
| 120 | 205 | Shale, gray with hard layers |

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| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/22/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 138 This Water Well Record was completed on (mo/day/year) 4/27/09 under the business name of Peterson Irrigation, Inc. by (signature) <i>Mike Peterson</i> |
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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.