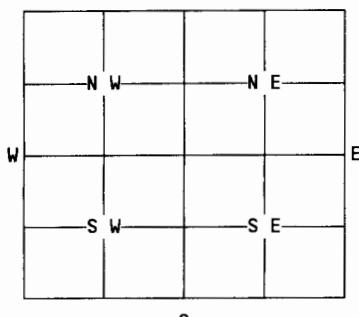


8-10-09  
DPL

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
County: Gray	1/4 1/4 1/4	1500	2828	2827																								
Distance and direction from nearest town or city street address of well if located within city? from Ensign: 2 mi S 2 mi W, 1 mi S, 1/4 E																												
2 WATER WELL OWNER:	Robert Arensdorf																											
RR#, St. Address, Box #:	201 Larned St.																											
City, State, ZIP Code :	Ensign, KS 67841																											
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL.....150.....ft.																											
	WELL'S STATIC WATER LEVEL.....0.....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...no water... not in use																												
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. <input checked="" type="checkbox"/> Chlorine tabs																												
5 TYPE OF BLANK CASING USED:																												
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below) .....																												
Blank casing diameter.....in. Was casing pulled? Yes..... No. X 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.....																												
Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to .....ft., From..... to.....ft.																												
What is the nearest source of possible contamination:																												
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) .....																												
Direction from well? ..... How many feet? .....																												
<table border="1"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>150</td> <td>40</td> <td>Washed rock</td> </tr> <tr> <td>40</td> <td>4</td> <td>crushed concrete</td> </tr> <tr> <td>4</td> <td>2</td> <td>concrete cap (readymix)</td> </tr> <tr> <td>2</td> <td>0</td> <td>dirt</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	150	40	Washed rock	40	4	crushed concrete	4	2	concrete cap (readymix)	2	0	dirt									
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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). 7/12/02 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) 7/12/02 under the business name of ... Stone Pumping by (signature) ... <i>David Stone</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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																												