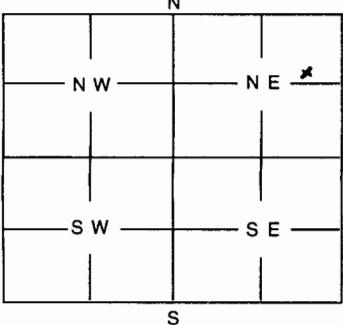


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number													
County: Gray		SW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$	3		28		30														
Distance and direction from nearest town or city street address of well if located within city?																					
1 $\frac{1}{2}$ East, 6 miles North, 1 mile East $\frac{1}{4}$ mile south & $\frac{1}{4}$ West of Copeland																					
2	WATER WELL OWNER:	Salena Nichols 8530 W Rd. 270	Board of Agriculture, Division of Water Resources Application Number: 14452																		
RR #, St. Address, Box #: City, State, ZIP Code :	Scott City, KS 67871																				
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 390 ft																		
			WELL'S STATIC WATER LEVEL 205 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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Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>																					
If yes, mo/day/yr sample was submitted																					
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No																					
5	TYPE OF BLANK CASING USED:																				
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td>.....</td> </tr> </table>								1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile				
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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																				
Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft.																					
What is the nearest source of possible contamination:																					
<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td>.....</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td>.....</td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td>.....</td> </tr> </table>		1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	4 Lateral lines	9 Feedyard	14 Abandoned water well	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well
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Direction from well?		How many feet?																			
FROM	TO	PLUGGING MATERIALS																			
390	205	# 1 Sand																			
205	15	clay																			
15	5	Bentonite																			
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-9-06</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) <u>4-9-06</u> under the business name of by (signature) <u>Howard Baker Tenant</u>																				
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.																					