

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	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #:	8530 W Rd. 270	Application Number: 14452
	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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4 Industrial	8 Air Conditioning	12 Other													
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:			
	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass
	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile
	9 Other (Specify below)			
	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 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		
	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		
	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) 4-9-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 4-9-06 This Water Well Record was completed on (mo/day/year) 4-9-06 under the business name of Howard Becker Tenant by (signature) Howard Becker
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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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.