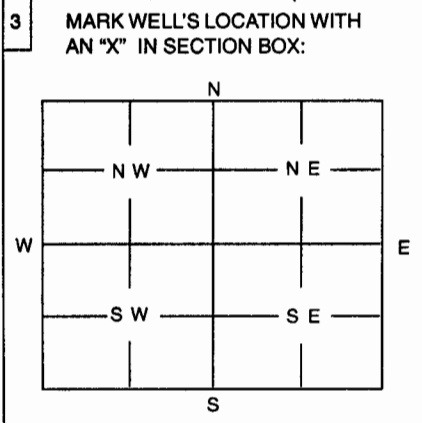


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Barber	SE 1/4 NW 1/4 NE 1/4	16	34	10 W

Distance and direction from nearest town or city street address of well if located within city?
404 W Main

2 WATER WELL OWNER: O K Coop Grain
RR #, St. Address, Box #: PO Box 114
City, State, ZIP Code: Kiowa KS
Board of Agriculture, Division of Water Resources
Application Number:



4 DEPTH OF WELL 20 ft
WELL'S STATIC WATER LEVEL 12.27 ft
WELL WAS USED AS:
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other
Was a chemical / bacteriological sample submitted to Department? Yes No
If yes, mo/day/yr sample was submitted
Water Well Disinfected: Yes No

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 2 in. Was casing pulled? Yes No
Casing height above or below land surface in. If yes, how much to 17'

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Plug Intervals: From 3 ft. to 20 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) contaminated site
Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
0	3	Surface soils
3	20	Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/2/02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/year) 4/9/02 under the business name of A. Duncan Jr. D. Duncan
by (signature) A. Duncan Jr. D. Duncan

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.