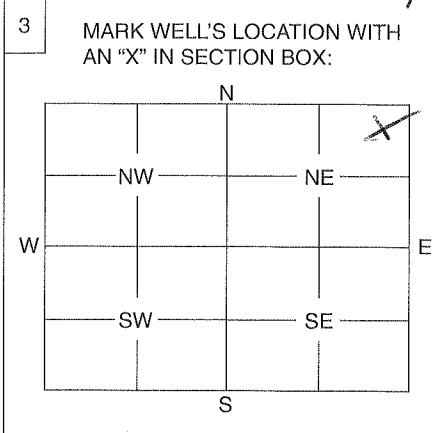


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Smith</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>21</u>	<u>T 3 S</u>	<u>13</u> EW

Distance and direction from nearest town or city street address of well if located within city?
S E Corner of 36 + 281 Smith Center MW-8

2 WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:
<u>Allen McNerney</u> <u>206 Snyder Dr</u> <u>St George KS 66133</u>	



4 DEPTH OF WELL 20 ft.
 WELL'S STATIC WATER LEVEL 9.98 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 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

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

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<u>2</u> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much 3'
 Casing height above or below land surface 2 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: From 20 ft. to 3 ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<u>11</u> 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? NW How many feet? 120

FROM	TO	PLUGGING MATERIALS
<u>20</u>	<u>3</u>	<u>bentonite</u>
<u>3</u>	<u>0</u>	<u>soil</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-16-10 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) 9-13-10 under the business name of S. L. Stone Company by (signature) [Signature]

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.