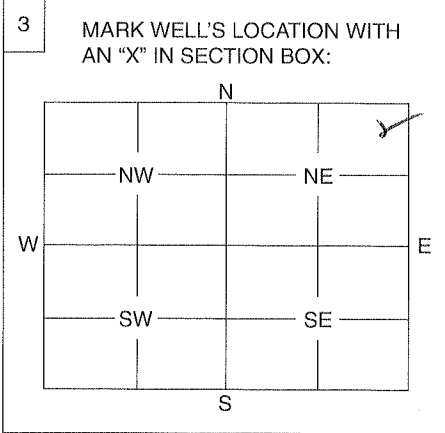


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Smith</u>	<u>NE NE NE</u>	<u>21</u>	<u>T 35</u>	<u>13</u> EW

Distance and direction from nearest town or city street address of well if located within city?
SW Corner Wf 36 + 281 Hwy Salt Lake MLW 22

2 WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: City, State, ZIP Code :	<u>Allen McNerney</u> <u>206 Snyder Drive</u> <u>St George KS 66533</u> Application Number: _____



4 DEPTH OF WELL	22 ft.
WELL'S STATIC WATER LEVEL	8.9 ft.
WELL WAS USED AS:	
1 Domestic	5 Public Water Supply
2 Irrigation	6 Oil Field Water Supply
3 Feedlot	7 Domestic (Lawn & Garden)
4 Industrial	8 Air Conditioning
	9 Dewatering
	10 Monitoring Well
	11 Injection Well
	12 Other
Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>	
If yes, mo/day/yr sample was submitted	
Water Well Disinfected: Yes No <u>X</u>	

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 31

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 22 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? NE How many feet? 100

FROM	TO	PLUGGING MATERIALS
<u>22</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) 8-17-10 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 Solstice Company by (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.