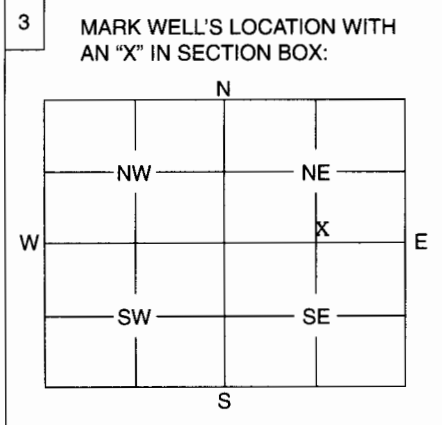


<b>1</b> LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <u>Smith</u>	<u>SW 1/4 SE 1/4 NE 1/4</u>	<u>29</u>		<u>3</u>		<u>15</u>	<b>EW</b>

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

<b>2</b> WATER WELL OWNER: <u>Kensington Co-op</u>	Board of Agriculture, Division of Water Resources	<u>94</u>
RR #, St. Address, Box #: <u>Box 128</u>	Application Number:	<u>OBW-1</u>
City, State, ZIP Code: <u>Kensington KS</u>		



**4** DEPTH OF WELL 50 ft.

WELL'S STATIC WATER LEVEL 37.2 ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<b>10</b> 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)
<b>2</b> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	.....

Blank casing diameter 2 in. Was casing pulled? Yes **X**..... No ..... If yes, how much 5'.....  
 Casing height above or below land surface bgs 72 in.

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

Grout Plug Intervals: From 50 ft. to 1 ft., From 1 ft. to 0 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	<b>14</b> Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? North How many feet? 10

FROM	TO	PLUGGING MATERIALS
0	1	Concrete
1	50	Bentonite Grout

**7** CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 735 This Water Well Record was completed on (mo/day/year) .....  
 by (signature) A. D. T. under the business name of MILCO Environmental Services, Inc.

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.