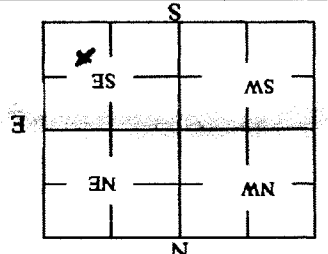


1 LOCATION OF WATER WELL: Fraction $\frac{56}{56}$ % SE % 5E % Section Number 22 Township Number T 3 S Range Number 41 E W County: Cherokee

2 WATER WELL OWNER: RR# 1515 Rd 9, St. Address, Box #: 1515 Rd 9, City, State ZIP Code: St. Francis, KS 67752
 6 West check here 1515 Rd 9 direction from nearest town or intersection: If at owner's address, check here
 1 North 1515 Rd 9, St. Francis, KS 67752

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION: 
 BOX: _____
 4 DEPTH OF WELL: _____ ft. WELL'S STATIC WATER LEVEL: _____ ft. WELL WAS USED AS:
 Domestic Irrigation Feedlot Industrial
 Domestic Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Air Conditioning
 Dewatering Monitoring Injection Well Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Concrete Tile PVC ABS RMP (SR) Asbestos-Cement Other (Specify below) _____
 Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____ in.
 Casing height above or below land surface 30 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Sewer lines Watertight sewer lines Lateral lines Cess pool
 Seepage pit Pit privy Sewage lagoon Feedyard Livestock pens Fuel storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well
 Direction from well? _____ How many feet? _____
 Other (specify below) _____

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/27/14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Ross MFG by (signature) [Signature] (signature)

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
68'	35'	Gravel			
35'	14'	Bentonite Chips			
14'	0'	Fill Dirt			

INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.