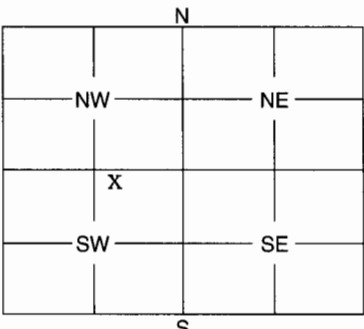


1 LOCATION OF WATER WELL: County: <u>Phillips</u>	Fraction <u>NW 1/4 NE 1/4 SW 1/4</u>	Section Number <u>27</u>	Township Number <u>4</u>	Range Number <u>16</u>
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Distance and direction from nearest town or city street address of well if located within city?
228 South Main Street

2 WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code :	<u>Kensington Coop</u> <u>228 S Main Street</u> <u>Kensington, KS</u>	Board of Agriculture, Division of Water Resources Application Number: <u>VOBW-1</u>
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF WELL <u>41.45</u> ft. WELL'S STATIC WATER LEVEL <u>30.01</u> ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes No <input checked="" type="checkbox"/></p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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5 TYPE OF BLANK CASING USED: <table style="width:100%; border: none;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="radio"/> 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td>.....</td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>5'</u> Casing height above or below land surface <u>6.3</u> in.
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)							
<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile							

6 GROUT PLUG MATERIAL: Grout Plug Intervals: From <u>22</u> ft. to <u>1.5</u> ft., From <u>1.5</u> ft. to <u>0</u> ft., From to ft.	<table style="width:100%; border: none;"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td><input checked="" type="radio"/> 3 Bentonite</td> <td>4 Other</td> </tr> </table> <p>What is the nearest source of possible contamination: <table style="width:100%; border: none;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td><input checked="" type="radio"/> 14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> <p>Direction from well? <u>North</u> How many feet? <u>10</u></p> </p>	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	4 Other	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	<input checked="" type="radio"/> 14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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FROM	TO	PLUGGING MATERIALS
0	1.5	Concrete
1.5	22	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. <u>375</u> This Water Well Record was completed on (mo/day/year)	by (signature) <u>[Signature]</u> under the business name of <u>MILCO Environmental Services, Inc.</u>
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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.