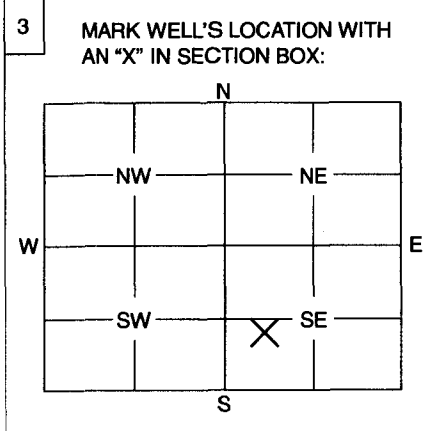


<b>1</b> LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <b>Smith</b>	<b>NE 1/4 NW 1/4 SW 1/4 SE 1/4</b>	<b>1</b>		<b>5</b>		<b>14</b>	<b>EW</b>

Distance and direction from nearest town or city street address of well if located within city?  
**Junction of Highway 9 and 7th St., Gaylord, KS**

**2** WATER WELL OWNER: **Dave Felsburg (deceased)**  
 RR #, St. Address, Box #: **Gaylord, KS 67638**  
 City, State, ZIP Code :  
 Board of Agriculture, Division of Water Resources  
 Application Number:



**4** DEPTH OF WELL **34.35** ft.  
 WELL'S STATIC WATER LEVEL **26.95** ft.  
 WELL WAS USED AS:  
 1 Domestic      5 Public Water Supply      9 Dewatering  
 2 Irrigation    6 Oil Field Water Supply     Monitoring Well MW-18S  
 3 Feedlot       7 Domestic (Lawn & Garden)  
 4 Industrial     8 Air Conditioning          11 Injection Well  
 12 Other .....

Was a chemical / bacteriological sample submitted to Department? Yes ..... No   
 If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No

**5** TYPE OF BLANK CASING USED:  
 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)  
 PVC      4 ABS            6 Asbestos-Cement      8 Concrete Tile .....

Blank casing diameter **2** in.      Was casing pulled? Yes  No .....      If yes, how much .....

Casing height above or **below** land surface **36** in.

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

Grout Plug Intervals:      From **3** ft. to **34.35** ft.,      From ..... ft. to ..... 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      14 Abandoned water well  
 5 Cess pool      10 Livestock pens      15 Oil well/Gas well

Direction from well? .....      How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	3	native soil
3	34.35	bentonite

**Note: Legal location recorded on original WWC5P form was recorded incorrectly as NE1/4 NW1/4 NW 1/4 SE1/4**

**7** CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **11/12/15** 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) **11/19/15** under the business name of **MILCO Environmental Services**  
 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.