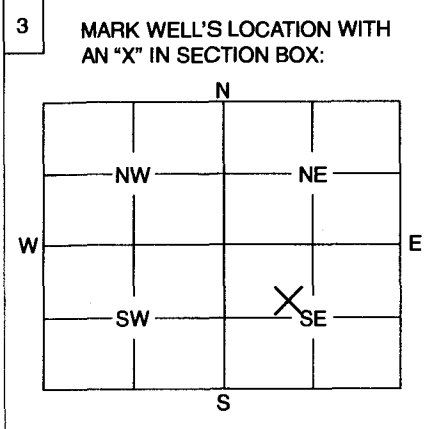


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Smith	SE ¼ NW ¼ SE ¼	1	5	14 EW

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

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



4 DEPTH OF WELL**32.35**..... ft.
 WELL'S STATIC WATER LEVEL ..**24.82**..... ft.
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring Well MW-20S
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
 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)
<input checked="" type="checkbox"/> 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**32.35**..... ft., Fromft. toft., 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	32.35	bentonite

Note: Legal location recorded on original WWC5P form was recorded incorrectly as NE1/4 SW1/4 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**M.L.CO. 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.