

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)	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: Gaylord, KS 67638	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>58.30</u> ft.
		WELL'S STATIC WATER LEVEL <u>24.38</u> ft.	
		WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) <input checked="" type="checkbox"/> Injection Well AS-2 4 Industrial 8 Air Conditioning 12 Other	
Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>			
If yes, mo/day/yr sample was submitted			
Water Well Disinfected: Yes No <input checked="" type="checkbox"/>			

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 <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much Casing height above or <u>below</u> land surface <u>36</u> in.	

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other
Grout Plug Intervals: From <u>3</u> ft. to <u>58.30</u> 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	58.30	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) <u>11/12/15</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>735</u> This Water Well Record was completed on (mo/day/year) <u>11/19/15</u> under the business name of <u>MILCO Environmental Services</u> by (signature) <i>[Signature]</i>
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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.