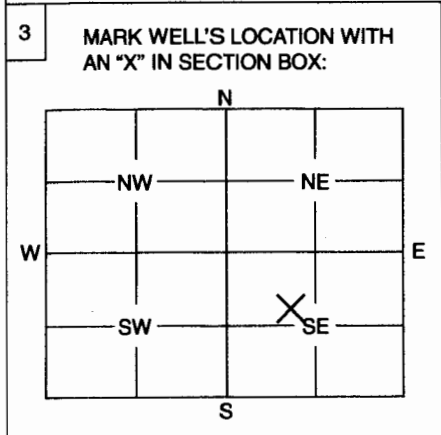


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Smith	SE ¼ NW ¼ SE ¼	1	5	14	E/W

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:
City, State, ZIP Code :		



4	DEPTH OF WELL 57.60 ft.												
	WELL'S STATIC WATER LEVEL 24.76 ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td><input checked="" type="checkbox"/> Injection Well AS-3</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	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-3	4 Industrial	8 Air Conditioning	12 Other
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2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well											
3 Feedlot	7 Domestic (Lawn & Garden)	<input checked="" type="checkbox"/> Injection Well AS-3											
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:										
	<table border="0"> <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="checkbox"/> 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="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
	Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No										
	Casing height above or <u>below</u> land surface 36 in. If yes, how much										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other																				
	Grout Plug Intervals: From 3 ft. to 57.60 ft., Fromft. toft., From toft.																				
	What is the nearest source of possible contamination:																				
	<table border="0"> <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>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>	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	
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	Direction from well? How many feet?																				

FROM	TO	PLUGGING MATERIALS
0	3	native soil
3	57.60	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 MILCO Environmental Services 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.