1 LOCAT	TION OF WATE	R WELL:	Fraction WELL #2	Section Number	Township Number	Range Number	
County:	GRAHAM	N	E 1/4 NE 1/4 SW 1/4	24	8	24 W	
Distance and direction from nearest town or city street address of well if located within city? FROM PENOKE 1 MILE SOUTH, 1 1/4 MILES EAST SOUTH SIDE							
2 WATER WELL OWNER:NATHAN REESE							
1105 MOCKINGRIPO LAND							
RR#, St. Address, Box #: Board of Agriculture, Division of Water Resources City, State, ZIP Code :GARDEN CITY KS 67846-3540 Application Number NO AVAILABLE TO US							
	☐ AN "X" IN SECTION BOX: ☐						
	N		WELL'S STATIC WATER LEVELft. WELL WAS USED AS:				
	-N W	—N E——	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water S			
			3 Feedlot	7 Lawn and Garden	Only 11 Injection	Well	
W	X	E	4 Industrial	8 Air Conditioning	12 Other	•••••	
Was a chemical/bacteriological sample submitted to Department If yes, mo/day/yr sample was submitted						t? YesNo xx .	
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)							
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter							
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
	ewer lines		7 Pit privy 8 Sewage lagoon	12 Fertilizer storag 13 Insecticide storag		•••••	
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?2000.FT							
FROM	ROM TO PLUGGING MATERIALS						
55	1.5	WASHED S	AND				
15	6	CLAY	water and a second				
6	5 3 BENTONITE						
3	3 0 TOP SOIL						
			*				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
on (mo/day/year)02-22-9.7 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No507 This Water Well Record was completed on (mo/day/year)							
02-22-97. under the business name of AMOTERN SPRINKLERS, INC.							
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.