

1 LOCATION OF WATER WELL: County: CLOUD		Fraction SE 1/4 SE 1/4 SE 1/4	Section Number 7	Township Number X8S	Range Number 4W																																							
Distance and direction from nearest town or city street address of well if located within city?																																												
2 WATER WELL OWNER: Natural Gas Pipeline Co.																																												
RR#, St. Address, Box #: RR1 BOX 42 City, State, ZIP Code : Glasco, KS. 67445			Board of Agriculture, Division of Water Resources Application Number:																																									
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1"><tr><td></td><td></td><td></td></tr><tr><td>N W</td><td></td><td>N E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>S W</td><td></td><td>S E</td></tr><tr><td></td><td></td><td>X</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> S					N W		N E				W		E				S W		S E			X							4 DEPTH OF WELL.....154.....ft. WELL'S STATIC WATER LEVEL....74.....ft. WELL WAS USED AS: <table><tr><td>X 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 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes....No..X. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..X.. No.....				X 1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED: X1 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....8.....in. Was casing pulled? Yes..... No..X.. If yes, how much..... Casing height above or below land surface.....60.....in.																																												
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout X3 Bentonite 4 Other..... Grout Plug Intervals: From 154..ft. to 80..ft., From 80..ft. to 10..ft., From 10 to 5...ft. (3) What is the nearest source of possible contamination: <table><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>X14 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> Direction from well? Southeast..... How many feet?15.....						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	X14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/gas well																				
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04-07-97..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.NA..... This Water Well Record was completed on (mo/day/year) 04-08-97..... under the business name of, Natural Gas Pipeline Co., by (signature) Norris Andersen..... 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.																																												