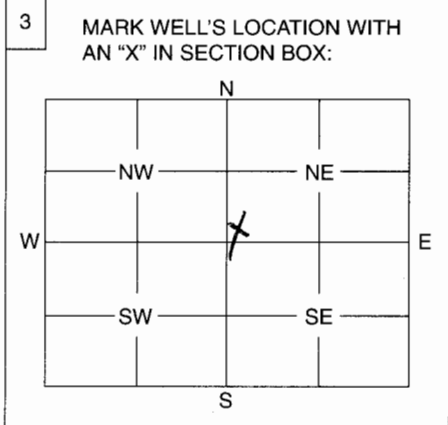


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Wyandot</u>	<u>SW 1/4 SW 1/4 N 12 E 4</u>	<u>28</u>	<u>10 S</u>	<u>25 E</u> EW

Distance and direction from nearest town or city street address of well if located within city?
N.W. corner of Sunshine and Harvester Roads

2	WATER WELL OWNER: <u>Short Elliot Henderson Inc.</u>	RR #, St. Address, Box #: <u>2001 N 6th St. Suite 216</u>	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: <u>Shelbyville, WI 53081</u>		Application Number: _____



4 DEPTH OF WELL 15.5 ft.

WELL'S STATIC WATER LEVEL 9 ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well
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"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: #3 From 2 ft. to 15.5 ft., From #1 to 0 ft., From 2 to ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<u>11 Fuel storage</u>	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? N How many feet? 10

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>21.5</u>	<u>Cement</u>
<u>2</u>	<u>15.5</u>	<u>Bentonite</u>

Drilled by miken co.
on 3/31/93

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/2/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 651 This Water Well Record was completed on (mo/day/year) under the business name of DFS 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.