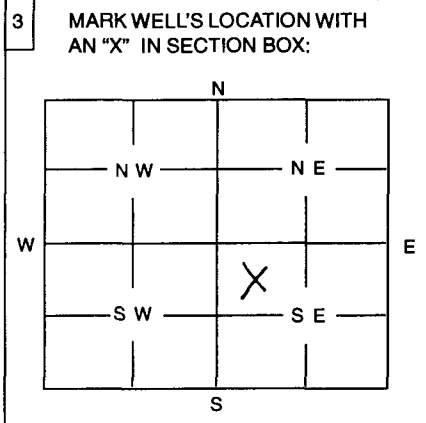


NC NW SE

1	LOCATION OF WATER WELL: County: <u>Wabaunsee</u>	Fraction <u>1/4 1/4 1/4</u>	Section Number <u>LOT #2 10</u>	Township Number <u>11</u>	Range Number <u>10</u>
---	---	--------------------------------	------------------------------------	------------------------------	---------------------------

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: HOWARD NEFF  
 RR #, St. Address, Box #: Rt 1 Bx 138  
 City, State, ZIP Code : AIMA, KS 66401  
 Board of Agriculture, Division of Water Resources  
 Application Number: 2001-21



4 DEPTH OF WELL ..... 35 ..... ft  
 WELL'S STATIC WATER LEVEL ..... 5 ..... ft

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	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 .....

MAY 16 2001

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	<u>HAND DUG ROCK LINED 36"</u>

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 LIME SHAVINGS

Grout Plug Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From 21' to 3 ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
<input checked="" type="checkbox"/> 2 Sewer lines	7 Pit privy	12 Fertilizer storage	
<input checked="" type="checkbox"/> 3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
<input checked="" type="checkbox"/> 4 Lateral lines	9 Feedyard	<input checked="" type="checkbox"/> 14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? North ..... How many feet? 50 yds. / #14-200 yds from

FROM	TO	PLUGGING MATERIALS
<u>35'</u>	<u>20'</u>	<u>SAND</u>
<u>20'</u>	<u>3'</u>	<u>LIMESTONE SHAVINGS</u>
<u>3'</u>	<u>0'</u>	<u>BURNED DIRT</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) ..... under the business name of ..... by (signature) Howard W. Neff

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.