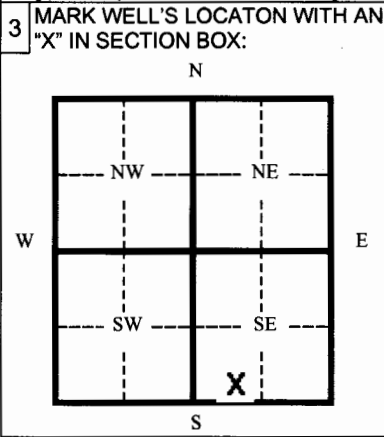


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Shawnee SE ¼ SW ¼ SE ¼	20	11	16-East

Distance and direction from nearest town or city street address of well if located within city?
1907 NE Monroe Street, Topeka, Kansas

2 WATER WELL OWNER: **Marshall Ticehurst**
 RR#, St. Address, Box # **1907 NE Monroe Street** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Topeka, Kansas 66608** Application Number:



4 DEPTH OF WELL **25.0** ft.
 WELL'S STATIC WATER LEVEL **22.18** ft.
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well
3 Feedlot	7 Lawn and Garden (domestic)	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="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2.375** in. Was casing pulled? Yes No ___ If yes, how much? **25.0'**
 Casing height above or below land surface **Unknown** in. **Well overdrilled to 20'**

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

Grout Plug Intervals From **20.0** ft. to **1.0** ft. From **1.0** ft. to **0.0** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<input checked="" type="radio"/> 11 Fuel storage (former)	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? **East** How many feet? **10**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Compacted soils
1.0	20.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **03/14/05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **04/04/05** under the business name of **Quad State Services, Inc.**
 by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.