

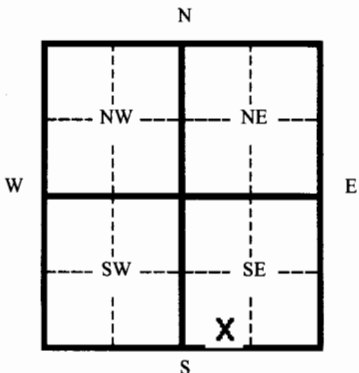
1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Shawnee SE 1/4 SW 1/4 SE 1/4	20	11	16-East

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	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # 1907 NE Monroe Street	
City, State, ZIP Code : Topeka, Kansas 66608	

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 25.0 ft.												
WELL'S STATIC WATER LEVEL 23.13 ft.												
WELL WAS USED AS:												
<table border="0"> <tr> <td>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 (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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Was a chemical/bacteriological sample submitted to Department? Yes ___ No X												
If yes, mo/day/yr sample was submitted _____												
Water Well Disinfected: Yes ___ No X												

5 TYPE OF BLANK CASING USED:										
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter 2.375 in. Was casing pulled? Yes X No ___ If yes, how much? 25.0'										
Casing height above or below land surface Unknown in. Well overdrilled to 20'										

6 GROUT PLUG MATERIAL:																				
<table border="0"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td>3 Bentonite</td> <td>4 Other</td> </tr> </table>	1 Neat cement	2 Cement grout	3 Bentonite	4 Other																
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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:																				
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Direction from well? South How many feet? 40																				

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) <i>[Signature]</i>

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.