_							
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: SHAWNEE			IE4 NE4 NE4	31	1/	17	
Distance and direction from nearest town or city street address of well if located within city?							
ABOUT 3000 FT. EAST OF SE DUPONT RD. & SOUFT. NURTH OF SE 2 NO ST.							
2 WATER WELLOWNER: VCB CELLO INC.							
RR #, St. Address, Box #: 6000 SE 3" ST, City, State, ZIP Code : TEcumself KS 66543 Board of Agriculture, Division of Water Resources Application Number:						S	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF WELL				
w	X		WELL'S STATIC WATER LEVEL				
	N W — N E —	E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supp6 Oil Field Water Su7 Domestic (Lawn &8 Air Conditioning	pply 10 Menito Garden) 11 injection	ring Well	
	If yes, mo/day/yr sample was submitted					No	
-	S						
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
Blank casing diameter							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite Chief BENTONITE CHIES							
Grout Plug Intervals: From 20 ft. to 5 ft., From ft. to ft., From ft., From to ft.							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage (Specify below)						ecify below)	
2 Sewer lines			7 Pit privy	12 Fertilizer storag	e iA. n.	DEILL	
3 Watertight sewer lines 4 Lateral lines			8 Sewage lagoon 9 Feedvard	13 Insecticide stora14 Abandoned water			
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well? NE CORNER How many feet? PART OF IT							
FROM TO PLUGGING MATERIALS				(INSIDE)		
20 15 BENTONITO		UITE	CHIPS				
					RE	CEIVED	
					OCT	0 5 2004	
					BUREA	J OF WATER	
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) by (signature)							
IN	NSTRUCTIONS: Use typewriter	or ball	point pen. Please press fi	irmly and print clearly. Plea	ase fill in blanks underlin	ne or circle the correct	
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.							