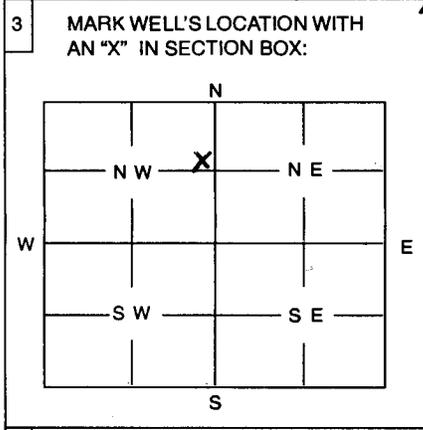


| | | | | |
|---------------------------|-----------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: <u>Wabunsee</u> | <u>NW</u> 1/4 1/4 1/4 | <u>35</u> | <u>12</u> | <u>10</u> |

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

2 WATER WELL OWNER: DELMAR MAIKE
 RR #, St. Address, Box #: RR2 BOX 90
 City, State, ZIP Code : AIMA, KS 66401

Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 50 ft
 WELL'S STATIC WATER LEVEL 20 ft.

WELL WAS USED AS:

| | | |
|--------------|----------------------------|---------------------------|
| 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 <u>livestock</u> |

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:

| | | | | |
|--|------------|-------------------|-----------------|-------------------------|
| <input checked="" type="radio"/> 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter 6 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: From ft. to ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

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

Direction from well? east How many feet? 150 yards

| FROM | TO | PLUGGING MATERIALS |
|-----------|-----------|---------------------------|
| <u>0</u> | <u>20</u> | <u>sand chlorox</u> |
| <u>20</u> | <u>40</u> | <u>dirt fill</u> |
| <u>40</u> | <u>50</u> | <u>bentonite and dirt</u> |
| | | <u>beer plug and</u> |
| | | <u>bury</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) Delmar Maiké

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.