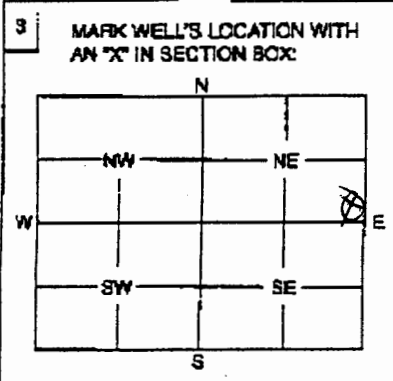


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County Shawnee SE 1/4 SE 1/4 NE 1/4 8 12 14 EW

Distance and direction from nearest town or city street address of well if located within city?
Water well was located at just north of 2241 SW black Rd.

2 WATER WELL OWNER: Phillip C. BEURSKENS TOPEKA, KS. 66615
 RR #, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: 2015 S.W. GUCK RD. Application Number: _____



4 DEPTH OF WELL 28 ft.
 WELL'S STATIC WATER LEVEL 18 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 Abandoned
 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) Rock
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter 5 in. Was casing pulled? Yes _____ No If yes, how much _____
 Casing height above or below land surface 24 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Interval: From 5 ft. to 4'6" ft. From _____ ft. to _____ ft. From _____ to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 8 Seepage pit 11 Fuel storage 16 Other (specify below) _____
 2 Sewer lines 9 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 10 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 11 Feedyard 14 Abandoned water well
 5 Cess pool 12 Livestock pens 15 Oil well/Gas well
 Direction from well? South How many feet? ~ 350

FROM	TO	PLUGGING MATERIALS
<u>23</u>	<u>18</u>	<u>Sand</u>
<u>18</u>	<u>5</u>	<u>clay</u>
<u>5</u>	<u>4'6"</u>	<u>Bentonite</u>
<u>4'6"</u>	<u>0</u>	<u>Top soil</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-13-09 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) Phillip C. Beurkens

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/298-5522. Send one to Water Well Owner and retain one for your records.

White