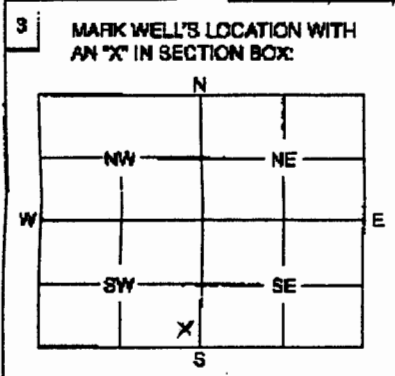


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Shawnee SW 14 14 16 12 12 16 E/W

Distance and direction from nearest town or city street address of well if located within city?  
Well is ~~at the corner of~~ NW corner of SE 29<sup>th</sup> & Tecumseh Rd.

2 WATER WELL OWNER: Bruce Moya Topeka 66605  
 RR #, St. Address, Box #: 4123 SW Cage Dr. #200 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Topeka, KS 66604 Application Number: \_\_\_\_\_



4 DEPTH OF WELL 10 ft.  
 WELL'S STATIC WATER LEVEL 5 ft.  
 WELL WAS USED AS:  
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) Rock, Hand Dig  
 Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much \_\_\_\_\_ in.  
 Casing height above or below land surface \_\_\_\_\_ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grout Plug Interval: From 5 ft. to 5.6 ft. From 5.6 ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) \_\_\_\_\_  
 Direction from well? East How many feet? 100 + ft.

FROM	TO	PLUGGING MATERIALS
0	5'	Sand topsoil
5'	5'6"	Bentonite
5'6"	10	soil / clay sand/rock from casing

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-21-06 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 BYRON G. COLT-BASEL by (signature) [Signature]

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: 785/296-5522. Send one to Water Well Owner and retain one for your records.