

1	LOCATION OF WATER WELL: <b>Johnson</b>	Fraction SW $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number <b>11</b>	Township Number <b>12S</b>	Range Number <b>24</b>	E/W
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Distance and direction from nearest town or city street address of well if located within city?

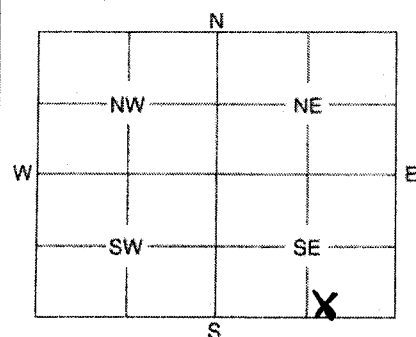
Zarda Dairy 10606 Shawnee Mission Parkway, Kansas City, Ks

2 WATER WELL OWNER: **Mid American Dairymen**RR #, St. Address, Box #: **3253 E. Chestnut Expressway**City, State, ZIP Code : **Springfield, MO 65802**

Board of Agriculture, Division of Water Resources

Application Number:

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

4 DEPTH OF WELL ..... **15** ..... ft.WELL'S STATIC WATER LEVEL **Water full to top**

WELL WAS USED AS:

1 Domestic

2 Irrigation

3 Feedlot

4 Industrial

5 Public Water Supply

6 Oil Field Water Supply

7 Domestic (Lawn &amp; Garden)

8 Air Conditioning

9 Dewatering

**10** Monitoring Well

11 Injection Well

12 Other .....

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:

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 ..... in. Was casing pulled? Yes **X**..... No ..... If yes, how much **15'**

Casing height above or below land surface ..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3** Bentonite **4** Other ..... Surface silts and clays .....  
Grout Plug Intervals: From **3** **15** ft. to **2** ft., From **2** ft. to **0** 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

3 Watertight sewer lines

8 Sewage lagoon

13 Insecticide storage

4 Lateral lines

9 Feedyard

14 Abandoned water well

5 Cess pool

10 Livestock pens

15 Oil well/Gas well

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	.2	Surface Silt and Clays
.2	15	Bentonite

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **07/27/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/year) **12/29/03** under the business name of **Associated Environmental, Inc.** by (signature) **Darin Duncan**

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.

RECEIVED

AUG 26 2004

BUREAU OF WATER