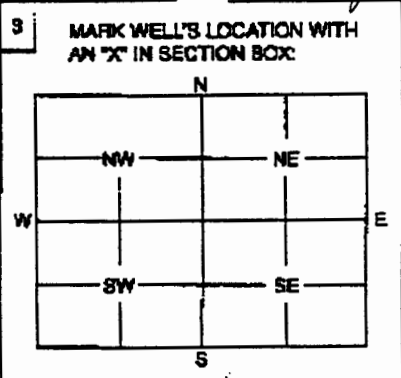


1 LOCATION OF WATER WELL: 6330 SW Urish Fraction \_\_\_\_\_ Section Number 05 Township Number 13S Range Number 15 EW  
 County: Shawnee County, Mo SW 1/4 NW 1/4  
 Distance and direction from nearest town or city street address of well if located within city? \_\_\_\_\_

2 WATER WELL OWNER: Greg Heibert  
 RR #, St. Address, Box #: 6330 SW Urish Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Topeka, KS 66619 Application Number: \_\_\_\_\_



4 DEPTH OF WELL 10 ft.  
 WELL'S STATIC WATER LEVEL 0 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 Handholed  
 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 lined  
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  
 Blank casing diameter \_\_\_\_\_ 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 None  
 Grout Plug Interval: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. 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
10	0	Sand
0	+ 1	SOM

This well was located in a shallow pond containing fish. No chlorine was added so as to avoid a fish kill. The water level was flush with the ground, so no bentonite was added.  
 B.L.  
 11-19-07

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-19-07 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) Kim Wagner under the business name of \_\_\_\_\_

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.