

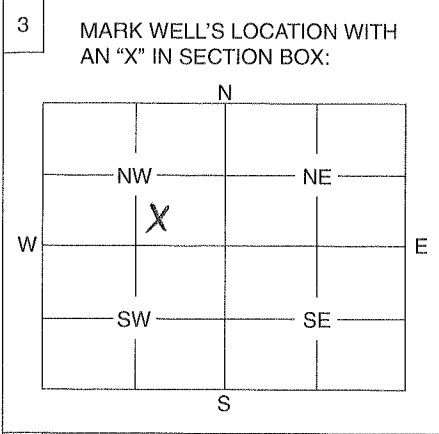
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DEC - 7 2010

1 LOCATION OF WATER WELL: County: Douglas Fraction:  $\frac{1}{4}$   $\frac{1}{4}$  NW  $\frac{1}{4}$  Section Number: 23 B Township Number: 13 Range Number: 19 (EW)

Distance and direction from nearest town or city street address of well if located within city?  
South of Lawrence, Ia. 2.5 miles

2 WATER WELL OWNER: Christine King  
RR #, St. Address, Box #: 1212 N 1150 Rd  
City, State, ZIP Code: Lawrence KS 66047  
Board of Agriculture, Division of Water Resources  
Application Number: NA



4 DEPTH OF WELL ..... 30 ..... ft.  
WELL'S STATIC WATER LEVEL ..... 4 ..... ft.  
WELL WAS USED AS:  
 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 ..... not used .....  
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: NA  
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 ..... 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 25 ..... ft. to 25.5 ..... 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 .....  
 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? South ..... How many feet? ? .....

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|
|      |    | <u>Gravel</u>      |
|      |    | <u>Bentonite</u>   |
|      |    | <u>Topsoil</u>     |
|      |    |                    |
|      |    |                    |
|      |    |                    |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-2-10 ..... 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 Jayhawk Excavating .....  
by (signature) M. L. Raddell Christine King

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.