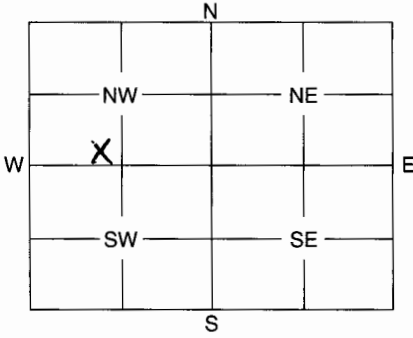


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>Johnson</u>	<u>SE 1/4 S W 1/4 N 1/4</u>	<u>31</u>	<u>13</u>	<u>24</u> <u>EW</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>505 S Fir St Olathe</u>																													
2	WATER WELL OWNER: <u>Gary Michael</u>																												
	RR #, St. Address, Box #: <u>681 S Hwy 7</u>		Board of Agriculture, Division of Water Resources																										
	City, State, ZIP Code: <u>Clinton Mo 64735</u>		Application Number:																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 																												
4																													
DEPTH OF WELL <u>95</u> ft. WELL'S STATIC WATER LEVEL <u>851</u> 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 <u>Monitoring Well</u> 11 Injection Well 12 Other																													
Was a chemical / bacteriological sample submitted to Department? Yes <u>No</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>X</u>																													
5	TYPE OF BLANK CASING USED:																												
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile																												
Blank casing diameter <u>2</u> in. Was casing pulled? Yes _____ No <u>X</u> If yes, how much _____ Casing height above or below land surface <u>0</u> in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____																												
	Grout Plug Intervals: From <u>0</u> ft. to <u>9.5</u> 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 <u>Other (specify below)</u> 2 Sewer lines 7 Pit privy 12 Fertilizer storage <u>lost site</u> 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? _____																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>9.5</u></td> <td><u>Benseal</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>9.5</u>	<u>Benseal</u>																		
FROM	TO	PLUGGING MATERIALS																											
<u>0</u>	<u>9.5</u>	<u>Benseal</u>																											
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/17/06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>594</u> This Water Well Record was completed on (mo/day/year) <u>5/30/06</u> under the business name of <u>Coranco Great Plains</u> by (signature) <u>Michael E. Druun</u>																												
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.																													