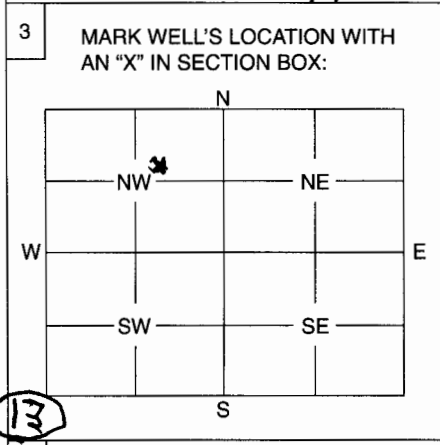


1	LOCATION OF WATER WELL: County: Brown	Fraction NE 1/4 NW 1/4 NE 1/4	Section 13	Number 4	Township 16	Range 4	Number 16	E/W
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Distance and direction from nearest town or city street address of well if located within city?
2 1/2 miles North on 73 Hwy + 2 1/2 miles West from Horton

2 WATER WELL OWNER: **David Compton**
 RR #, St. Address, Box #: **1671 Mulberry Rd.**
 City, State, ZIP Code: **Hiowatha, KS 66454**
 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL **50.** ft.
 WELL'S STATIC WATER LEVEL **44.** ft.
 WELL WAS USED AS:
 Domestic
 Irrigation
 Feedlot
 Industrial
 Public Water Supply
 Oil Field Water Supply
 Domestic (Lawn & Garden)
 Air Conditioning
 Dewatering
 Monitoring Well
 Injection Well
 Other
 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)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter **12** in. Was casing pulled? Yes No If yes, how much
 Casing height above or below land surface **36** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other
 Grout Plug Intervals: From ft. to ft., From **6.0** ft. to **3.0** 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
50.	6.0	Chlorine & sand
6.0	3.0	Bentonite
3.0	0.0	Top Soil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **5-8-07** 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) **David Compton by Paul K. Leppa, NYS Board on Air & Gas Dist 1-10-08**

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.