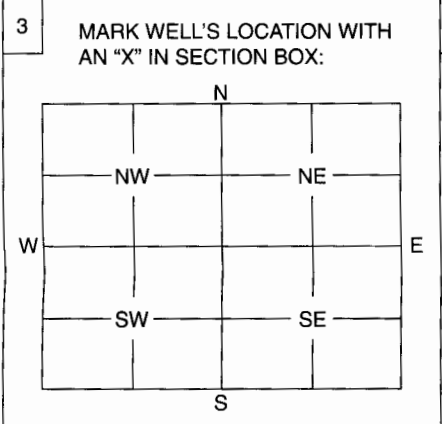


1 LOCATION OF WATER WELL: Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number **1 NE** Township Number **14** Range Number **18** E/W

County: **DOUGLAS**

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **Richard Pawling E**
 RR #, St. Address, Box #: **894 E 661 Diagonal RD**
 City, State, ZIP Code: **Lawrence KS 66047**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL **10** ft.
 WELL'S STATIC WATER LEVEL 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 **Septic Tank**

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**
 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 ~~Net~~ Cement 2 Cement grout 3 Bentonite 4 Other
 Grout Plug Intervals: **Bottom** From **2 Sand** ft. to **2 Ft Clay** ft. From **Bentonite** to **2 Ft Clay** ft. From **Bentonite** to **TOP** ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) **Crack 200 Ft**
 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
10 Ft	8 Ft	Sand
8 Ft	6 Ft	Clay - Bentonite
6 Ft	4 Ft	Clay Bentonite
4 Ft	2 Ft	Clay - 1
2 Ft	0 Ft	TOP SOIL

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **12-12-2006** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **01-23-2007** This Water Well Record was completed on (mo/day/year) under the business name of **M. Mackley D. Felting LLC** by (signature) **Allen Mackley**

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.