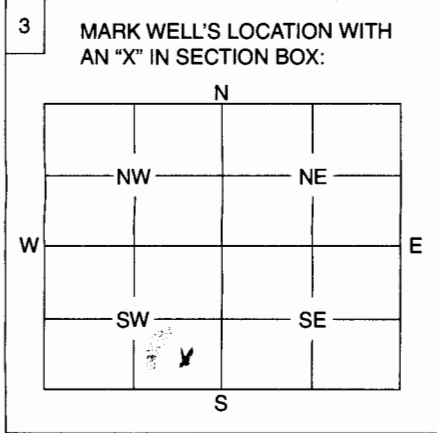


1	LOCATION OF WATER WELL:	Fraction SW ¼ ¼ ¼	Section Number 15	Township Number 13	Range Number 15 EW
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **JAMES REED**
 RR #, St. Address, Box #: **3749 RD 4**
 City, State, ZIP Code : **ALLEN KS 66413**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL **21** ft.
 WELL'S STATIC WATER LEVEL **14** 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

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	HAND DUG

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 **3.5** ft. to **4** 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	<input checked="" type="checkbox"/> 14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? **WEST** How many feet? **90**

FROM	TO	PLUGGING MATERIALS
21	7	GRAVEL
7	4	SUBSOIL
4	3.5	BENTONITE
3.5	-	TOP SOIL

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **4-30-13** 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 by (signature) **James Reed**

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.

County: Wabaunsee Fraction N2 NW SW Sec. 15 T 15 S R 13 EW

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)

(to rectify lacking or incorrect information)

Owner: James Reed

Location was listed as:

Section-Township-Range: 15-13-15 E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SW

Location changed to:

15-15S-13E

N2 NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Legal description, Wabaunsee County online parcel search, and mapping tool & aerial photos on KGS website.

initials: DR date: 11/24/2014

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.