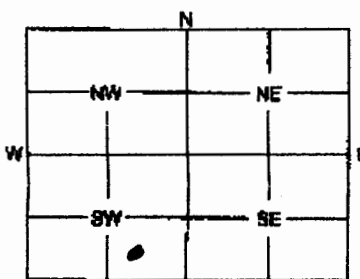


| | | | | | |
|---|-------------------------|----------------------------|----------------|-----------------|---------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| | County: <u>Marion</u> | <u>N 1/4 SE 1/4 SW 1/4</u> | <u>11</u> | <u>18</u> | <u>4</u> (EW) |

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

Sixth & Newton Streets

| | | |
|---|--|---|
| 2 | WATER WELL OWNER: <u>City of Lincolnville</u> | Board of Agriculture, Division of Water Resources |
| | RR #, St. Address, Box #: <u>Box 96</u> | Application Number: <u>N/A</u> |
| | City, State, ZIP Code: <u>Lincolnville, Ks 66858</u> | |

| | | | |
|---|---|---|--|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <u>Approx. 90</u> ft. |
| |  | | WELL'S STATIC WATER LEVEL <u>37</u> ft. |
| | | | WELL WAS USED AS: |
| | | | <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other |
| | | | Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> |
| | | | If yes, mo/day/yr sample was submitted |
| | | | Water Well Disinfected: Yes <input checked="" type="checkbox"/> No |

| | |
|---|---|
| 5 | TYPE OF BLANK CASING USED: |
| | <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete Tile <input type="checkbox"/> 9 Other (Specify below) |
| | 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 | <input checked="" type="checkbox"/> 3 Bentonite | 4 Other |
| | GROUT PLUG INTERVALS: | From ft. to ft. | From ft. to ft. | From ft. to ft. | From ft. to ft. |
| | What is the nearest source of possible contamination: | | | | |
| | <input checked="" type="checkbox"/> 1 Sepsic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input checked="" type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) | | | | |
| | Direction from well? | How many feet? | | | |

| FROM | TO | PLUGGING MATERIALS |
|-----------|-----------|----------------------|
| | | |
| <u>0</u> | <u>4</u> | <u>soil</u> |
| <u>33</u> | <u>4</u> | <u>bentonite</u> |
| <u>87</u> | <u>33</u> | <u>washed gravel</u> |
| | | |
| | | |

| | |
|---|---|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>November 10, 2005</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>N/A</u> This Water Well Record was completed on (mo/day/year) <u>November 14, 2005</u> under the business name of <u>ownership of City of Lincolnville</u> by (signature) <u>with assistance by Kansas Rural Water Assn. Mark A. Vignard</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.