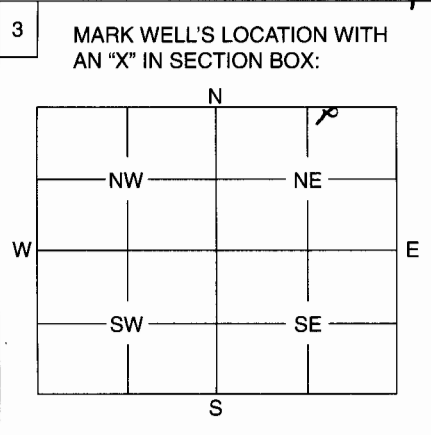


1 LOCATION OF WATER WELL: County: <u>Osage</u>	Fraction <u>1/4 NE 1/4</u>	Section Number <u>19</u>	Township Number <u>16</u>	Range Number <u>14</u>	E/W
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code	Board of Agriculture, Division of Water Resources Application Number:
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Edward Slusher
22853 S Hoch Rd
Osage City KS 66523



4 DEPTH OF WELL 21 ft.
WELL'S STATIC WATER LEVEL 17 ft.

WELL WAS USED AS:

1 <u>Domestic</u>	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 X
If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes X 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	<u>limestone</u>

Blank casing diameter 48 in. Was casing pulled? Yes X No If yes, how much 48
Casing height above or below land surface 48 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: From 2 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	14 Abandoned water well	
5 Cess pool	<u>15 Livestock pens</u>	15 Oil well/Gas well	

Direction from well? N How many feet? 7,100 ft

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>2</u>	<u>top soil</u>
<u>2</u>	<u>4</u>	<u>bentonite</u>
<u>4</u>	<u>21</u>	<u>sand</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) X Edward Slusher

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.