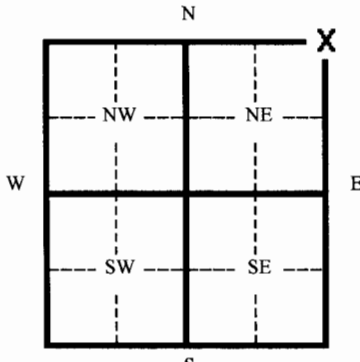


1	LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County:	<b>Franklin</b>	<b>NE 1/4 NE 1/4 NE 1/4</b>	<b>35</b>	<b>16</b>
Distance and direction from nearest town or city street address of well if located within city? <b>502 N. Main Street, Ottawa, Kansas</b>				

2 WATER WELL OWNER: **Dick Martin Property**  
 RR#, St. Address, Box # **148 Megan Lane**  
 City, State, ZIP Code : **Ottawa, Kansas 66067**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL **12.5** ft.  
 WELL'S STATIC WATER LEVEL **3.41** ft.  
 WELL WAS USED AS:  
 1 Domestic      5 Public Water Supply      8 Dewatering  
 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well  
 3 Feedlot      7 Lawn and Garden (domestic)      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 \_\_\_ No **X**

5 TYPE OF BLANK CASING USED:  
 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below)  
 2 **PVC**      4 ABC      6 Asbestos-Cement      8 Concrete Tile

Blank casing diameter **2.375** in. Was casing pulled? Yes **X** No \_\_\_ If yes, how much? **12.5'**  
 Casing height above or below land surface **Unknown** in. **Well overdrilled to 12.5'**

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

Grout Plug Intervals From **12.5** ft. to **1.0** ft. From **1.0** ft. to **0.0** ft. From \_\_\_ ft. to \_\_\_ ft.

What is the nearest source of possible contamination:  
 1 Septic tank      6 Seepage pit      11 **Fuel storage (former)**      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? **NA** How many feet? **0**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		<b>Compacted soils and gravel</b>
1.0	12.5		<b>Bentonite chips</b>

RECEIVED  
 SEP 10 2004  
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **09/02/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **09/03/04** under the business name of **Quad State Services, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.