

1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Franklin SE 1/4 SE 1/4 SE 1/4	26	16	19-East

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

502 N. Main Street, Ottawa, Kansas

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 LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 8.5 ft.
	WELL'S STATIC WATER LEVEL 4.47 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 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? **8.5'**

Casing height above or below land surface **Unknown** in. **Well overdrilled to 8.5'**

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

Grout Plug Intervals From **8.5** 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		Concrete
1.0	8.5		Bentonite chips

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.