

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <i>Miami</i>	<i>NW 1/4 NW 1/4 NE 1/4</i>	<i>12</i>	<i>16</i>	<i>24</i>

*347th St.
&
Hwy 69*

Distance and direction from nearest town or city street address of well if located within city?
SOMEDAY Inc. Section 12 & 13 TOWNSHIP 16 Range 24 Miami County, Kansas

2	WATER WELL OWNER:	RR#, St. Address, Box #:	Board of Agriculture, Division of Water Resources
	<i>JE Nichols</i>	<i>310 Ward Parkway</i>	Application Number:
	City, State, ZIP Code :	<i>KCMO 64117</i>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL..... <i>11.3</i>ft.																																													
	N		WELL'S STATIC WATER LEVEL..... <i>dry at bottom</i>ft.																																													
	<table border="1"> <tr><td></td><td>N</td><td>W</td><td></td><td></td><td></td><td></td><td>N</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>S</td><td>W</td><td></td><td></td><td></td><td></td><td>S</td><td>E</td></tr> </table>		N	W					N	E										W								E											S	W					S	E		WELL WAS USED AS:
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			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:										
	<table border="0"> <tr> <td><u>1 Steel</u></td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	<u>1 Steel</u>	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter <i>2 1/2</i> in. Was casing pulled? Yes..... No <input checked="" type="checkbox"/> If yes, how much.....										
	Casing height above or below land surface..... <i>36</i> in. <i>CASING CUT OFF 3 FT below ground</i>										

6	GROUT PLUG MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other.....																				
	GROUT PLUG INTERVALS: From <i>-2</i> ft. to <i>-3</i> ft., From.....ft. to.....ft., From..... to.....ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? How many feet?																				

No Known nearby sources

FROM	TO	PLUGGING MATERIALS
<i>0</i>	<i>-2</i>	<i>clear soil</i>
<i>-2</i>	<i>-3</i>	<i>neat cement</i>
<i>-3</i>	<i>-11.3</i>	<i>clear gravel</i>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <i>6/15/98</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>31011M</i> This Water Well Record was completed on (mo/day/year)..... under the business name of <i>Kingston Environmental Services</i> by (signature) <i>Debbie McWilliams</i>
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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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.