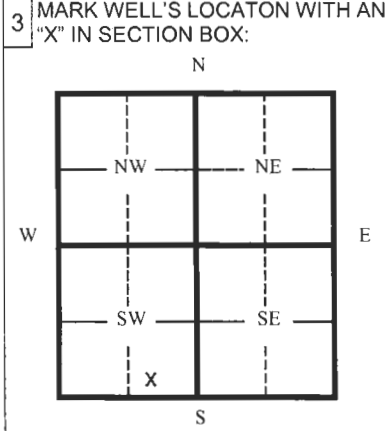


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Miami</b>	<b>SW 1/4 SE 1/4 SW 1/4</b>	<b>9</b>	<b>17</b>	<b>23-East</b>

Distance and direction from nearest town or city street address of well if located within city?  
**604 N. Silver Street, Paola, Kansas**

2 WATER WELL OWNER: **John Kramer**  
 RR#, St. Address, Box # **14 Holly Lane**  
 City, State, ZIP Code : **Paola, Kansas 66071**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL 15.0 ft.  
 WELL'S STATIC WATER LEVEL 3.98 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)  
 PVC      4 ABC      6 Asbestos-Cement      8 Concrete Tile  
 Blank casing diameter 2.375 in. Was casing pulled? Yes \_\_\_ No X If yes, how much? N/A  
 Casing height above or below land surface Unknown in. **Casing plugged; casing removed to depth of 3' BTOC.**

6 GROUT PLUG MATERIAL: 1 Neat cement       Cement grout       Bentonite      4 Other \_\_\_\_\_  
 Grout Plug Intervals From 0.0 ft. to 3.0 ft. From 3.0 ft. to 15.0 ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank      6 Seepage pit       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      10 Livestock pens      15 Oil well/ Gas well

Direction from well? Southwest How many feet? 7

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		<b>Concrete</b>
3.0	15.0		<b>Bentonite chips</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 07/11/07 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) 07/11/07 under the business name of Quad State Services, Inc.  
 by (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.