

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

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** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Paola, Kansas 66071** Application Number:

3	MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 28.5 ft.
		WELL'S STATIC WATER LEVEL 7.93 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 ___ 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 2 Cement grout **3 Bentonite** **4 Other** **Soils**

Grout Plug Intervals From **28.5** ft. to **3.0** ft. From **3.0** 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	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? **West-southwest** How many feet? **100**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Compacted soils
3.0	28.5		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **07/10/07** 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) *[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.