

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:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>34.0</b> ft.											
	WELL'S STATIC WATER LEVEL <b>9.09</b> ft.											
	WELL WAS USED AS:											
	<table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 <input checked="" type="radio"/> Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 <input checked="" type="radio"/> Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning
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4 Industrial	8 Air Conditioning	12 Other _____										
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 _____ No <input checked="" type="checkbox"/>												

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2.375** in. Was casing pulled? Yes \_\_\_\_\_ No  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 **34.0** 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	<input checked="" type="radio"/> 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? **Southwest** How many feet? **55**

FROM	TO	CODE	PLUGGING MATERIALS
<b>0.0</b>	<b>3.0</b>		<b>Compacted soils</b>
<b>3.0</b>	<b>34.0</b>		<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) **07/10/07** 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.