

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

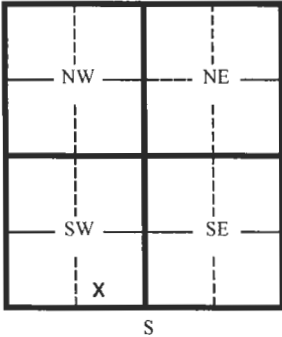
Distance and direction from nearest town or city street address of well if located within city?

604 N. Silver Street, Paola, Kansas

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

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 24.5 ft.												
WELL'S STATIC WATER LEVEL 7.21 ft.												
WELL WAS USED AS:												
<table border="0"> <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 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 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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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:										
<table border="0"> <tr> <td>1 Steel</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 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
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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:																				
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Grout Plug Intervals From 24.5 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:																				
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Direction from well? Southeast How many feet? 50																				

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Compacted soils
3.0	24.5		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) _____
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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.