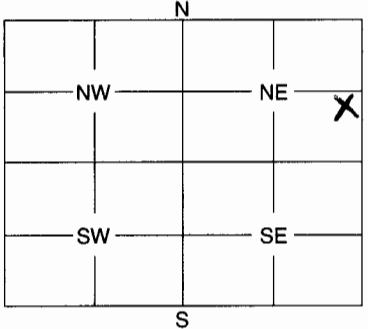


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Marion	NE 1/4 SE 1/4 NE 1/4	34	18	5

Distance and direction from nearest town or city street address of well if located within city?
3 miles South & 5.5 miles East of Lincolnville, Ks.

2 WATER WELL OWNER: **Butch Biffle**
 RR #, St. Address, Box #: **2555 Bluestem Rd.**
 City, State, ZIP Code: **Lincolnville, Ks. 66858** Board of Agriculture, Division of Water Resources
 Application Number: _____

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 4 @ 150 ft. WELL'S STATIC WATER LEVEL 18 ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 1X Other ..Geothermal.....
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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 **..X..** No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9X Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	..Polyethylene.....

Blank casing diameter **3/4** in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3X Bentonite** 4 Other

Grout Plug Intervals: From **4** ft. to **150** ft. **4X** From ft. to ft., From 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
X Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? **South** How many feet? **75'**

FROM	TO	PLUGGING MATERIALS
0	2	Topsoil
2	8	Clay, brown
8	24	Limestone, white
24	38	Shale, gray & red
38	85	Flint rock- very hard
85	150	Limestone, white/gray- very hard

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **12/29/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **138** This Water Well Record was completed on (mo/day/year) **12/31/08** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.