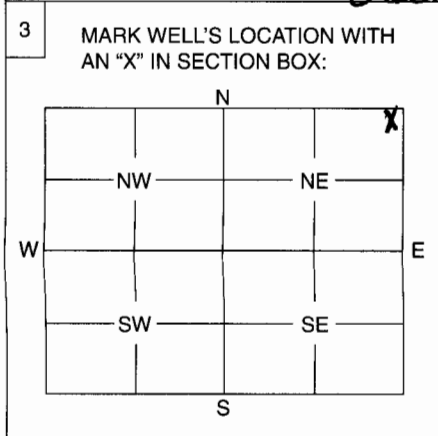


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Washington</u>	<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>35</u>	<u>1</u>	<u>5</u> EW

Distance and direction from nearest town or city street address of well if located within city?
1/2 mile east, 2 1/2 miles north, 2 miles east of Hanover, KS (66445)

2	WATER WELL OWNER: <u>Mary Wickers</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>40321 SW 1st Odell Road</u>	Application Number: _____
	City, State, ZIP Code: <u>Odell, NE 68415</u>	



4	DEPTH OF WELL <u>22</u> ft.	WELL'S STATIC WATER LEVEL <u>2</u> ft.
	WELL WAS USED AS:	
	<input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial	<input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Domestic (Lawn & Garden) <input type="radio"/> 8 Air Conditioning <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 12 Other
	Was a chemical / bacteriological sample submitted to Department? Yes No	
	If yes, mo/day/yr sample was submitted	
	Water Well Disinfected: Yes <input checked="" type="checkbox"/> No	

5	TYPE OF BLANK CASING USED:		
	1 Steel	3 RMP (SR)	5 Wrought
	2 PVC	4 ABS	6 Asbestos-Cement
			7 Fiberglass
			8 Concrete Tile
			<input checked="" type="radio"/> 9 Other (Specify below) <u>ROCK</u>
	Blank casing diameter in.	Was casing pulled? Yes No	If yes, how much
	Casing height above or below land surface in.		

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	4 Other
	Grout Plug Intervals: From <u>4 1/2</u> ft. to <u>5</u> ft.,	From ft. to ft.,	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		
	4 Lateral lines	9 Feedyard	14 Abandoned water well		
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
	Direction from well?	How many feet?			

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>4 1/2</u>	<u>Topsoil</u>
<u>4 1/2</u>	<u>5</u>	<u>Bentonite Plug</u>
<u>5</u>	<u>20</u>	<u>Subsoil Fill</u>
<u>20</u>	<u>22</u>	<u>Chlorinated Sand</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) <u>X</u> <u>9-20-06</u> under the business's name of <u>Mary Wickers</u> by (signature) <u>X</u> <u>Mary Wickers</u>
---	--

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.