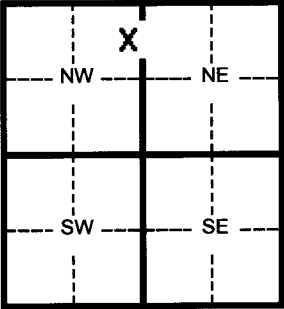


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																
County: Linn	NE 1/4 NE 1/4 NW 1/4	31	21	25-East																																
Distance and direction from nearest town or city street address of well if located within city? 600 Magnolia Street, Pleasanton, Kansas																																				
2 WATER WELL OWNER: Pete's of Erie, Inc.																																				
RR#, St. Address, Box # P.O. Box 875																																				
City, State, ZIP Code : Parsons, Kansas 67357																																				
Board of Agriculture, Division of Water Resources Application Number:																																				
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 9.5 ft.																																			
<div style="text-align: center;">N  S</div>	WELL'S STATIC WATER LEVEL 4.24 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 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 style="width:100%;"><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 X No _____ If yes, how much? 9.5'																																				
Casing height above or below land surface Unknown in. Well overdrilled to 9.5'																																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																				
Grout Plug Intervals From 0.0 ft. to 1.0 ft. From 1.0 ft. to 9.5 ft. From _____ ft. to _____ ft.																																				
What is the nearest source of possible contamination:																																				
<table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/ Gas well</td><td></td></tr></table>					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													
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Direction from well? Southwest How many feet? 30																																				
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 04/28/05 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) 04/06/05 under the business name of Quad State Services, Inc. by (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.																																				