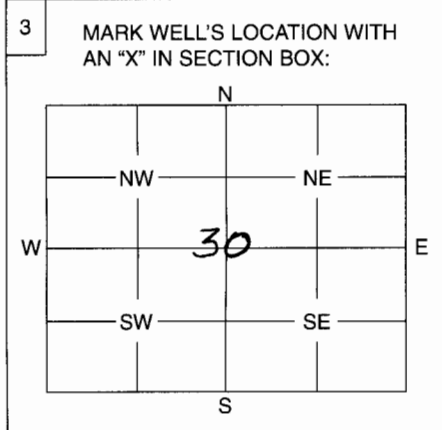


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>LINN</u>	<u>SW 1/4 SW 1/4 NE 1/4</u>	<u>SEC 30</u>		<u>21</u>	<u>S</u>	<u>25</u>	<u>Q/W</u>

Distance and direction from nearest town or city street address of well if located within city?
76 + 875 7892

2 WATER WELL OWNER:
 RR #, St. Address, Box #: _____
 City, State, ZIP Code : _____
 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 11 ft.
 WELL'S STATIC WATER LEVEL 6 ft.
 WELL WAS USED AS:
 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
 12 Other

Was a chemical / bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile ROCKS - HAND DUG

Blank casing diameter 6.0 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 Bentonite Other GRANULAR

Grout Plug Intervals: 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>11'</u>	<u>7'</u>	<u>GRANULAR (GRAVEL)</u>
<u>7'</u>	<u>6'</u>	<u>BENTONITE (GRANULAR)</u>
<u>6'</u>	<u>0'</u>	<u>CLAY</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-5-07 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) 10-9-07 under the business name of by (signature)

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.