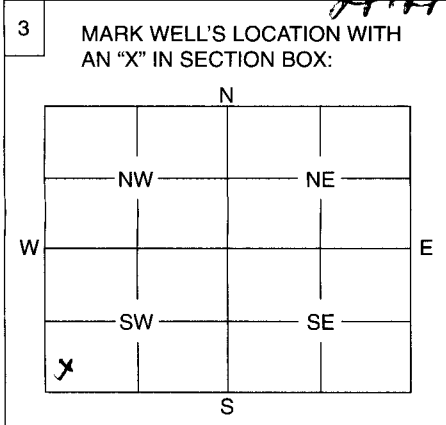


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>LEWARD</u>	<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>16</u>	<u>24</u>	<u>16</u> EW

Distance and direction from nearest town or city street address of well if located within city?  
1/8 mile North of Belore

2 WATER WELL OWNER: Joni A. Heikkinen  
 RR #, St. Address, Box #: 813 West 4th Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: LAWRENCE, KS 67500 Application Number: \_\_\_\_\_



4 DEPTH OF WELL ..... 48' ft. ✓  
 WELL'S STATIC WATER LEVEL 36'3" ft. ✓

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering
<input type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
<input type="checkbox"/> 4 Industrial	8 Air Conditioning	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 .....

1-gal. BLOXOX

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 5 1/2 in. Was casing pulled? Yes ..... No   
 Casing height above or below land surface 9.6 in. below If yes, how much .....

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

Grout Plug Intervals: From 3.6' ft. to 0 ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
<input checked="" type="checkbox"/> 4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? North How many feet? 30'

FROM	TO	PLUGGING MATERIALS
<u>48'7"</u>	<u>36'7"</u>	<u>Sand</u>
<u>36'</u>	<u>3'6"</u>	<u>Compacted clays</u>
<u>3'6"</u>	<u>0</u>	<u>Neat Cement</u>

*[Signature]*  
 RECEIVED  
 OCT 29 2004  
 BUREAU OF WATER

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 09/19/2004 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) \_\_\_\_\_ under the business name of \_\_\_\_\_ by (signature) [Signature] 10/19/04

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.