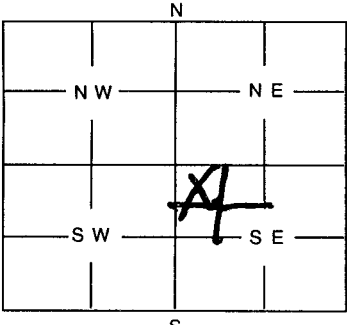


1	LOCATION OF WATER WELL: County: <u>Dodge</u>	Fraction <u>NW 1/4 SE 1/4</u>	Section Number <u>8</u>	Township Number <u>29</u>	Range Number <u>1 E</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>330 n nicole</u>																													
2	WATER WELL OWNER: <u>Mrs Webb</u> RR #, St. Address, Box #: <u>330 n nicole</u> City, State, ZIP Code: <u>Haystack KS 67060</u> Board of Agriculture, Division of Water Resources Application Number: <u>none</u>																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 																												
4	DEPTH OF WELL <u>25</u> ft WELL'S STATIC WATER LEVEL <u>16</u> 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 ☐ 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) <u>Sand Point</u> ☐ 2 PVC ☐ 4 ABS ☐ 6 Asbestos-Cement ☐ 8 Concrete Tile Blank casing diameter <u>1 1/4</u> in. Was casing pulled? Yes ☒ No If yes, how much <u>5'</u> Casing height above or below land surface <u>8'</u> in.																												
6	GROUT PLUG MATERIAL: ☐ 1 Neat cement ☒ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other Grout Plug Intervals: From <u>25</u> ft. to <u>0</u> ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: ☒ 1 Septic tank ☐ 2 Sewer lines ☐ 3 Watertight sewer lines ☐ 4 Lateral lines ☐ 5 Cess Pool ☐ 6 Seepage pit ☐ 7 Pit privy ☐ 8 Sewage lagoon ☐ 9 Feedyard ☐ 10 Livestock pens ☐ 11 Fuel storage ☐ 12 Fertilizer storage ☐ 13 Insecticide storage ☐ 14 Abandoned water well ☐ 15 Oil well/Gas well ☐ 16 Other (specify below) Direction from well? <u>West</u> How many feet? <u>60</u>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>25</u></td> <td><u>0</u></td> <td><u>Cement Grout</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>25</u>	<u>0</u>	<u>Cement Grout</u>																		
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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/year) <u>4-27-85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>472</u> This Water Well Record was completed on (mo/day/year) by (signature) <u>David Barb</u> under the business name of <u>Beardon Pump & Well</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																													