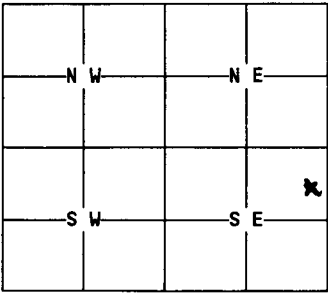


1	LOCATION OF WATER WELL: County: # / <i>covered</i>	Fraction <i>1/4 NE 1/4 SE 1/4</i>	Section Number <i>18</i>	Township Number <i>29</i>	Range Number <i>25E</i>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: *Scott Van Beek*
605 S. Vine
 RR#, St. Address, Box #: *Franklin KS 66735* Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : *Franklin KS 66735* Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S	4 DEPTH OF WELL..... <i>15</i>ft. WELL'S STATIC WATER LEVEL..... <i>8</i>ft. WELL WAS USED AS: <input checked="" type="radio"/> Domestic 5 Public Water Supply 9 Dewatering <input type="radio"/> Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="radio"/> Feedlot 7 Lawn and Garden Only 11 Injection Well <input type="radio"/> Industrial 8 Air Conditioning 12 Other..... Was a chemical/bacteriological sample submitted to Department? Yes..... <input checked="" type="radio"/> No..... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... <input checked="" type="radio"/> No.....
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5 TYPE OF BLANK CASING USED: *N/A* **DUG WELL**

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.....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 3 Bentonite 4 Other.....*N/A*.....

Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.

What is the nearest source of possible contamination: *N/A*

<input checked="" type="radio"/> 1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
<input checked="" type="radio"/> 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?*N/A*..... How many feet?*N/A*.....

FROM	TO	PLUGGING MATERIALS
<i>15'</i>	<i>8'</i>	<i>Shot Rock</i>
<i>8'</i>	<i>0'</i>	<i>Clay</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....*July 10, 2000*..... 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) *Scott Van Beek*

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.