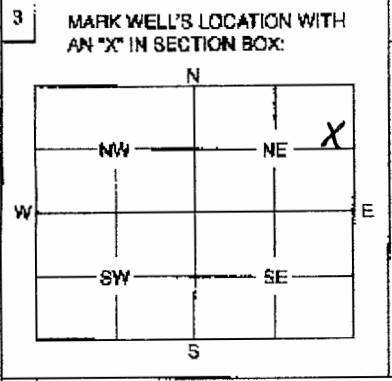


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: BROWN NE 1/4 NE 1/4 NE 1/4 5 2-5 17-E E

Distance and direction from nearest town or city street address of well if located within city?
FROM Hwy 73 & 270 Rd - NORTH ON 73 3/4 mile - 300' WEST to well HOUSE

2 WATER WELL OWNER: City of Hiawatha
 RR #, St. Address, Box #: 723 OREGON
 City, State, ZIP Code: Hiawatha KS 66434 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL 100 ft.
 WELL'S STATIC WATER LEVEL 74' 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 PIEZOMETER
 Was a chemical / bacteriological sample submitted to Department? Yes No X
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes X No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)
 Blank casing diameter 2" in. Was casing pulled? Yes X No _____ If yes, how much 100' 18"
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 69 ft. to 0 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? South How many feet? 3960'

FROM	TO	PLUGGING MATERIALS
100'	78'	Chlorinated Gravel
78'	0	BENTONITE

NOTE: THIS WAS A 2' PIEZOMETER DRILLED NEAR HIAWATHA CITY WELL USED ONLY FOR MONITORING SWL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-29-87 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/year) 5-15-9
 by (signature) [Signature] under the business name of LAYNE CHRISTIAN

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.