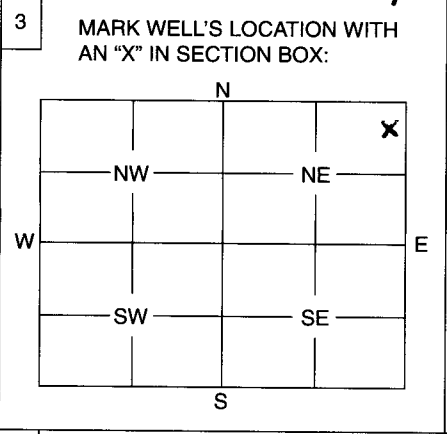


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Washington NE 1/4 NE 1/4 NE 1/4 31 2 4 E/W

Distance and direction from nearest town or city street address of well if located within city?  
2 miles north and 2 miles east of Washington

2 WATER WELL OWNER: Don Willbrant  
 RR #, St. Address, Box #: 664 Arrowhead Rd.  
 City, State, ZIP Code: Clyde, KS 66938  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL ..... 54 ft.  
 WELL'S STATIC WATER LEVEL ..... 38 ft.  
 WELL WAS USED AS:  
 1 Domestic      5 Public Water Supply      9 Dewatering  
 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well  
 3 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well  
 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 .....

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 .....

Blank casing diameter ..... 6 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 .....

Grout Plug Intervals:      From ..... 3 ..... ft.      to ..... 6 ..... 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>0</u>	<u>3</u>	<u>Topsoil</u>
<u>3</u>	<u>6</u>	<u>Bentonite</u>
<u>6</u>	<u>38</u>	<u>Clay Subsoil</u>
<u>38</u>	<u>54</u>	<u>Chlorinated Gravel</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-10-02 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 5130/03 ..... This Water Well Record was completed on (mo/day/year) .....  
 by (signature) [Signature] under the business name of .....

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.