

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Marshall	SW ¼ SW ¼ SW ¼	28	2	7 BW

Distance and direction from nearest town or city street address of well if located within city?
202 Center, Marysville

2 WATER WELL OWNER:	Dean Thomas		
RR #, St. Address, Box #:	1043 8th		
City, State, ZIP Code :	Marysville, KS	66508	Board of Agriculture, Division of Water Resources Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 25 ft.											
	WELL'S STATIC WATER LEVEL n/a ft.											
	WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning
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Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted												
Water Well Disinfected: Yes No <input checked="" type="checkbox"/>												

5 TYPE OF BLANK CASING USED:	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile		
Blank casing diameter 2 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much 25'			
Casing height above or below land surface in.			

6 GROUT PLUG MATERIAL:	1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other																						
Grout Plug Intervals: From 0 ft. to 20 ft., From ft. to ft., From to ft.																							
What is the nearest source of possible contamination: <table style="width:100%; border: none;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>				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	
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Direction from well?		How many feet?																					

FROM	TO	PLUGGING MATERIALS
0	20	Bentonite (8")
20	25	Bentonite (2")

MW7R
GeoCore #952

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/11/2005 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 10/11/2005 under the business name of GeoCore, Inc. by (signature) <i>[Signature]</i>		
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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.