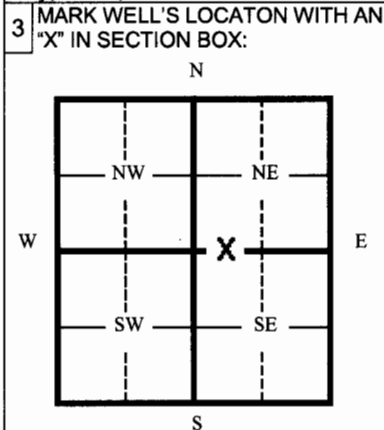


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Labette</b>	<b>SW 1/4 SW 1/4 NE 1/4</b>	<b>19</b>	<b>31</b>	<b>20-East</b>

Distance and direction from nearest town or city street address of well if located within city?  
**1931 Morton Avenue, Parsons, Kansas**

2 WATER WELL OWNER: **Dan Manners**  
 RR#, St. Address, Box # **P.O. Box 141**  
 City, State, ZIP Code : **Parsons, Kansas 67357**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL **10.5** ft.  
 WELL'S STATIC WATER LEVEL **6.50** 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 Lawn and Garden (domestic)                      11 Injection Well  
 4 Industrial                      8 Air Conditioning                      12 Other \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X**  
 If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected: Yes \_\_\_\_\_ No **X**

5 TYPE OF BLANK CASING USED:  
 1 Steel                      3 RMP (SR)                      5 Wrought                      7 Fiberglass                      9 Other (specify below)  
 2 PVC                      4 ABC                      6 Asbestos-Cement                      8 Concrete Tile  
 Blank casing diameter **2.375** in. Was casing pulled? Yes **X** No \_\_\_\_\_ If yes, how much? **10.5'**  
 Casing height above or below land surface **Unknown** in. **Overdrilled well to 10.5'**

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other **Soils**  
 Grout Plug Intervals From **10.5** ft. to **3.0** ft. From **3.0** ft. to **0.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank                      6 Seepage pit                      11 Fuel storage (former)                      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? **North** How many feet? **10**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Soils
3.0	10.5		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **07/18/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **07/24/06** under the business name of **Quad State Services, Inc.**  
 by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.