

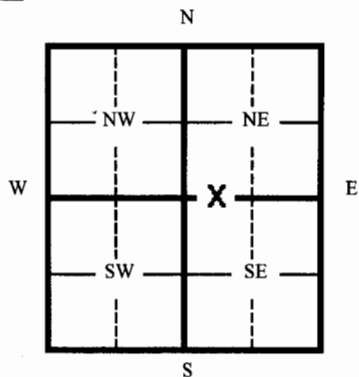
1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Labette SW 1/4 SW 1/4 NE 1/4	19	31	20-East

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:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL **13.0** ft.

WELL'S STATIC WATER LEVEL **8.12** 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? **13.0'**
 Casing height above or below land surface **Unknown** in. **Overdrilled well to 13.0'**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Soils**
 Grout Plug Intervals From **13.0** 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? **East** How many feet? **20**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Soils
3.0	13.0		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.