

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

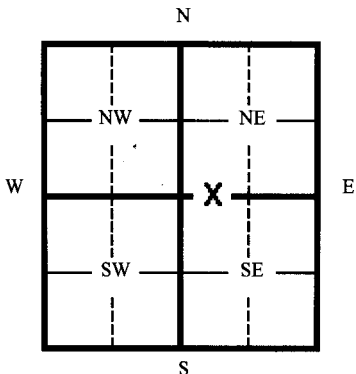
Distance and direction from nearest town or city street address of well if located within city?

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 **10.5** ft.

WELL'S STATIC WATER LEVEL **2.99** ft.

WELL WAS USED AS:

- 1 Domestic
- 2 Irrigation
- 3 Feedlot
- 4 Industrial
- 5 Public Water Supply
- 6 Oil Field Water Supply
- 7 Lawn and Garden (domestic)
- 8 Air Conditioning
- 9 Dewatering
- 10 Monitoring Well
- 11 Injection Well
- 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 ABC 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter **2.375** in. Was casing pulled? Yes 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? **East-southeast** 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.