

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: <u>Montgomery</u>	<u>SW 1/4 NE 1/4 Se 1/4</u>	32		32S		16	<u>E/W</u>																								
Distance and direction from nearest town or city street address of well if located within city?																																
2	WATER WELL OWNER: <u>Heartland Cement Company</u> RR #, St. Address, Box # <u>1765 Limestone Rd.</u> City, State, ZIP Code <u>Independence, KS 67301</u>																															
Board of Agriculture, Division of Water Resources Application Number:																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  <div style="text-align: center;"> </div>		4	DEPTH OF WELL <u>80.5</u> ft. WELL'S STATIC WATER LEVEL <u>32</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div>           1 Domestic            2 Irrigation            3 Feedlot            4 Industrial         </div> <div>           5 Public Water Supply            6 Oil Field Water Supply            7 Domestic (Lawn &amp; Garden)            8 Air Conditioning         </div> <div>           9 Dewatering            10 Monitoring Well            11 Injection Well            12 Other         </div> </div>																												
Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u> if yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>X</u>																																
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div>           1 Steel            2 PVC         </div> <div>           3 RMP (SR)            4 ABS         </div> <div>           5 Wrought            6 Asbestos-Cement         </div> <div>           7 Fiberglass            8 Concrete Tile         </div> <div>           9 Other (Specify below)         </div> </div>																															
Blank casing diameter <u>4</u> in. Was casing pulled? Yes _____ No <u>X</u> If yes, how much _____ Casing height above or below land surface <u>3 ft B.L.S.</u> in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Topsoil</u> Grout Plug Intervals: From <u>80.5</u> ft. to <u>-3</u> ft., From <u>-3</u> ft. to <u>0</u> ft., From _____ to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank            2 Sewer lines            3 Watertight sewer lines            4 Lateral lines            5 Cess pool         </div> <div>           6 Seepage pit            7 Pit privy            8 Sewage lagoon            9 Feedyard            10 Livestock pens         </div> <div>           11 Fuel storage            12 Fertilizer storage            13 Insecticide storage            14 Abandoned water well            15 Oil well/Gas well         </div> <div>           16 Other (specify below)         </div> </div>																															
Direction from well? <u>N/A</u> How many feet? <u>N/A</u>																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>-3 ft</td> <td>Topsoil</td> </tr> <tr> <td>-3 ft</td> <td>80.5</td> <td>Bentonite chips, hydrated</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td>3-D</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	0	-3 ft	Topsoil	-3 ft	80.5	Bentonite chips, hydrated												3-D			
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/24/09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>5/4/09</u> by (signature) <u>[Signature]</u> under the business name of <u>Pratt Well Service, Inc.</u>																															
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, 1 000 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.																																