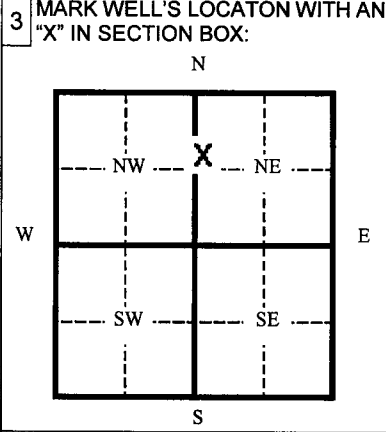


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montgomery	SW ¼ NW ¼ NE ¼	18	34S	17E

Distance and direction from nearest town or city street address of well if located within city?
N 37 deg., 05' 2.22", W 95 deg., 35' 24.00"

2 WATER WELL OWNER: **Clean Harbors Environmental Services, Attn: Martin L. Smith**
 RR#, St. Address, Box # **13652 CR 180** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Carthage, MO 64836** Application Number: _____



4 DEPTH OF WELL **14.5** ft.
 WELL'S STATIC WATER LEVEL **4.0** 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** in. Was casing pulled? Yes X No _____ If yes, how much **overdrilled 14.5'**
 Casing height above or below land surface **approx. 36** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals From **0** ft. to **14.5** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 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
 Direction from well? -- _____ How many feet? **0**

FROM	TO	CODE	PLUGGING MATERIALS
0	14.5	--	bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **4/28/09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **616** This Water Well Record was completed on (mo/day/yr) **4/30/09** under the business name of **Thiele Geotech, Inc.**
 by (signature) *D. JAL*

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.