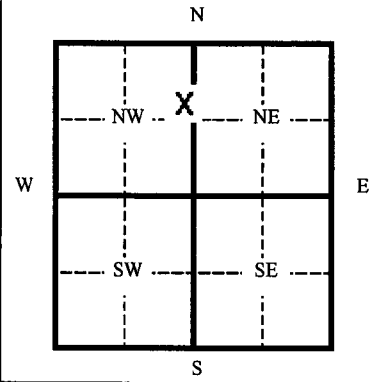


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Montgomery</b>	<b>SE ¼ NE ¼ NW ¼</b>	<b>18</b>	<b>34S</b>	<b>17E</b>

Distance and direction from nearest town or city street address of well if located within city?  
**N 37 deg., 05' 23.16", W 95 deg., 35' 23.58"**

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: \_\_\_\_\_

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



4 DEPTH OF WELL **31** ft.

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

- WELL WAS USED AS:
- |              |                              |                           |
|--------------|------------------------------|---------------------------|
| 1 Domestic   | 5 Public Water Supply        | 9 Dewatering              |
| 2 Irrigation | 6 Oil Field Water Supply     | 10 <b>Monitoring Well</b> |
| 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 <b>PVC</b> | 4 ABC      | 6 Asbestos-Cement | 8 Concrete Tile |                         |
- Blank casing diameter **2** in. Was casing pulled? Yes **X** No \_\_\_\_\_ If yes, how much **overdrilled 31'**  
 Casing height above or below land surface **39.5** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other \_\_\_\_\_

Grout Plug Intervals From **0** ft. to **31** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

- What is the nearest source of possible contamination:
- |                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 <b>Fuel storage</b>  | 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? **unknown** How many feet? **unknown**

FROM	TO	CODE	PLUGGING MATERIALS
<b>0</b>	<b>31</b>	<b>--</b>	<b>bentonite</b>

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. J. A. E.*

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.