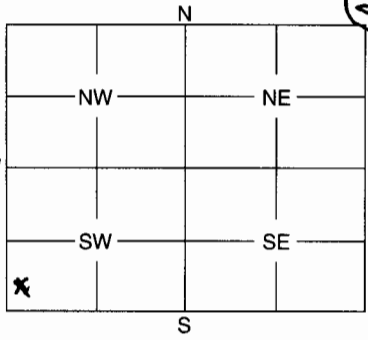


1	LOCATION OF WATER WELL: County: <b>Brown</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section Number <b>23</b>	Township Number <b>3</b>	Range Number <b>16</b> E/W
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Distance and direction from nearest town or city street address of well if located within city?  
**1 mile north & 2 miles west of Baker on Horned Owl Rd.**

2 WATER WELL OWNER: **Jacobsen Farms Inc.**  
 RR #, St. Address, Box #: **1804 Horned Owl Rd**  
 City, State, ZIP Code: **Hiawatha, KS 66434**  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL ..... <b>40.</b> ft. WELL'S STATIC WATER LEVEL ..... <b>13.</b> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other ..... Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....
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5 TYPE OF BLANK CASING USED:  
 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below) **Hand dug**  
 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile  
 Blank casing diameter ..... in.    Was casing pulled? Yes ..... No .....    If yes, how much .....  
 Casing height above or below land surface ..... in.

6 GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout     3 Bentonite    4 Other .....  
 Grout Plug Intervals:    From ..... ft.    to ..... ft.    From **5.0** ft.    to **4.5** ft.    From ..... to .....  
 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? **North east**    How many feet? **150**

FROM	TO	PLUGGING MATERIALS
40.	27.	Chlorine & Sand
27.	5.	Sub Soil
5.	4.5	Bentonite
4.5	0.0	Top Soil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **4-16-07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_ This Water Well Record was completed on (mo/day/year) \_\_\_\_\_ under the business name of **Jacobsen Farms by Paul Klipp, NRS Brown, Br. Co. Kans. Dist. No. 08** by (signature) \_\_\_\_\_

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, 1000 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.