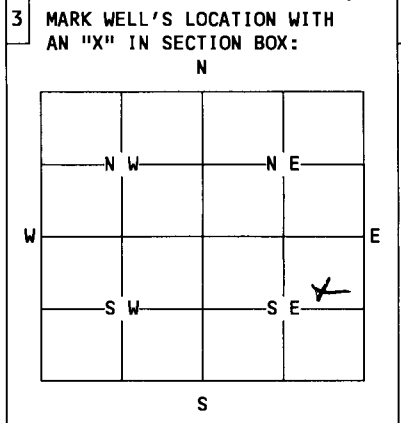


1 LOCATION OF WATER WELL: Fraction 1/4 1/4 SE 1/4 Section Number 24 Township Number 3 Range Number 2
 County: Washington

Distance and direction from nearest town or city street address of well if located within city?
Washington is 1/2 mi North

2 WATER WELL OWNER: Robert Keim
 RR#, St. Address, Box #: 1384 Madison Rd Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Washington, KS 66485 Application Number: _____



4 DEPTH OF WELL.....105.....ft.
 WELL'S STATIC WATER LEVEL.....24.....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 Only	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other... <u>not used</u>

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:

<input checked="" type="radio"/> 1 Steel	<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought	<input type="radio"/> 7 Fiberglass	<input type="radio"/> 9 Other (specify below)
<input checked="" type="radio"/> 2 PVC	<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 8 Concrete Tile	

Blank casing diameter.....6.....in. Was casing pulled? Yes........ No..... If yes, how much.....3'.....
 Casing height above or below land surface.....36.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
 Grout Plug Intervals: From...4...ft. to...1...ft., From.....ft. to.....ft., From..... to.....ft.
 What is the nearest source of possible contamination:

<input type="radio"/> 1 Septic tank	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 16 Other (specify below)
<input type="radio"/> 2 Sewer lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 12 Fertilizer storage	
<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 13 Insecticide storage	
<input type="radio"/> 4 Lateral lines	<input type="radio"/> 9 Feedyard	<input checked="" type="radio"/> 14 Abandoned water well <u>also plugged</u>	
<input type="radio"/> 5 Cess Pool	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 15 Oil well/Gas well	

Direction from well? ...South..... How many feet? ...10'-15'.....

FROM	TO	PLUGGING MATERIALS
65	24	Chlorinated Soil
24	7	Clay Soil
4	1	Bentonite Plug Grade
1	0	Topsoil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....6/27/97..... 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).....6/27/97..... under the business name of ...landowner.....
 by (signature) Austana Keim

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.