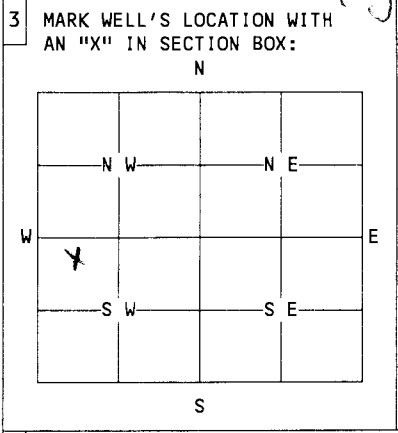


1 LOCATION OF WATER WELL: Fraction 32 Section Number 31 Township Number 5 Range Number 9  
 County: MARSHALL

Distance and direction from nearest town or city street address of well if located within city?  
Frankfort is 9 mi. North and 3 east

2 WATER WELL OWNER: Richard Bayless  
 RR#, St. Address, Box #: 730 13th Road Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Marionville, KS 66503 Application Number:



4 DEPTH OF WELL.....69.....ft.  
 WELL'S STATIC WATER LEVEL.....39.....ft. to Water  
 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.....  
 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:  
 1 Steel  3 RMP (SR)  5 Wrought  7 Fiberglass  9 Other (specify below)  
 2 PVC  4 ABS  6 Asbestos-Cement  8 Concrete Tile  
 Blank casing diameter.....6.....in. Was casing pulled? Yes..... No..... If yes, how much.....6.....  
 Casing height above or below land surface.....12.....in.

6 GROUT PLUG MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other.....  
 Grout Plug Intervals: From..6..ft. to..3..ft., From.....ft. to.....ft., From..... to.....ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank  6 Seepage pit  11 Fuel storage  16 Other (specify below) field runoff  
 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? SE..... How many feet? 10'.....

FROM	TO	PLUGGING MATERIALS
<u>69</u>	<u>39</u>	<u>Chlorinated Sand</u>
<u>39</u>	<u>6</u>	<u>Clay Soil</u>
<u>6</u>	<u>3</u>	<u>Bentonite Plug Grout</u>
<u>3</u>	<u>0</u>	<u>Topsoil</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03/26/98..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. landowner This Water Well Record was completed on (mo/day/year) 03/26/98..... under the business name of Marionville Conservation District by (signature) Marionville, MO.....

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.