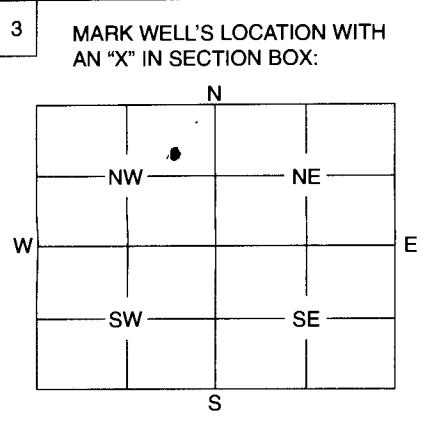


1 LOCATION OF WATER WELL: County: <u>Jackson</u>	Fraction <u>SE 1/4 NE 1/4 1/4 NW</u>	Section Number <u>14</u>	Township Number <u>7</u>	Range Number <u>14</u>	DRL EW
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Distance and direction from nearest town or city street address of well if located within city?

N/A

2 WATER WELL OWNER: Anne Brackelman
 RR #, St. Address, Box #: 22163 L4 Road Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Holton, KS 66436 Application Number: _____



4 DEPTH OF WELL 32 ft.
 WELL'S STATIC WATER LEVEL 28 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 Domestic (Lawn & Garden) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other Abandoned

Was a chemical / bacteriological sample submitted to Department? Yes No X.....
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes X..... 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 5 in. Was casing pulled? Yes No ✓..... If yes, how much

Casing height above or below land surface 5' below surface

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

Grout Plug Intervals: From ft. to 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)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage N/A
 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 How many feet? 750'

FROM	TO	PLUGGING MATERIALS
32	28	Sand
28	9	Clay Soil
9	3	Bentonite
3	0	Clay Soil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04/18/2011 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 Haug Const Co. Inc by (signature) [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.