KSA 82a-1212

| 1 LOCATION OF WATER WELL:  | Fraction  | Section Number   | Township Number  | Range Number  |
|--|---|--|--|---|
| County: Jackson  | SW1/4 NE1/4 SW1/4   | 3  | 78   | 15 E  |
| Distance and direction from near   |   | t address of well if   | located within city?   |   |
| 2 WATER WELL OWNER: City   | of Holton   |  |  |   |
| RR#, St. Address, Box #:   | Pennsylvania<br>on, Kansas leb436                             | Application No   |  | Water Resources   |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:   | 4 DEPTH OF WELL   | 20   | ft.  |   |
| N N N N IN SECTION BOX:  | WELL'S STATIC WATE  | ER LEVEL   | ft.  |   |
|  | WELL WAS USED AS:   |  |  |   |
| N W E  | 3 Feedlot   | 5 Public Water Sup<br>6 Oil Field Water 5<br>7 Lawn and Garden 6<br>8 Air Conditioning | Only 11 Injection  | ng Well<br>n Well   |
| Was a chemical/bacteriological sample submitted to Department? YesNo                               |   |  |  |   |
| Water Well Disinfected: Yes No   |   |  |  |   |
| 5 TYPE OF BLANK CASING USED:   |   |  |  |   |
| 1 Steel 3 RMP (SR) 5 Wro   | ought 7 Fibers  | glass 9 Other  | (specify below)  |   |
| © PVC 4 ABS 6 Ast  Blank casing diameter2  | bestos-Cement 8 Concre  |  |  | \ <i>2</i> 0'   |
| Casing height above or below   | land surface  | culled? Yes  | No IT yes, now   | much  |
| 6 GROUT PLUG MATERIAL: 1 Neat  | cement 2 Cement gro   | ut 3 Bentonite   | 4 Other  |   |
| Grout Plug Intervals: Fro  |   |  | oft., From   | toft.   |
| 1 Septic tank  | 6 Seepage pit<br>7 Pit privy<br>8 Sewage lagoon<br>9 Feedyard | 11) Fuel storage   | ge<br>age<br>well  | pecify below)   |
| Direction from well?   |   | How many feet?   | •  |   |
| FROM TO PL   | UGGING MATERIALS  | Dulled   | out wells  | +20'  |
| O 20 Benton  | ute   | Jum  | ou made  | 1090  |
|  |   |  |  |   |
|  | mw9   |  |  |   |
|  |   |  |  |   |
|  |   |  |  |   |
|  |   |  |  |   |
|  |   |  |  |   |
| 7 CONTRACTOR'S OR LANDOWNER'S on (mo/day/year). III 24/99. Water, Well Contractor's Lice 11/23/99. | CERTIFICATION: This water and this record rese No. 527        | r well was plugged ur<br>rd is true to the bea<br>This Water Well<br>e of              | nder my jurisdiction<br>st of my knowledge an<br>Record was completed<br>SITUICIS, INC | and was completed<br>d belief. Kansas<br>d on (mo/day/year) |
| by (signature)   |   |  |  |   |

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.