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|----------------------------------|----------------|---------|--------|----------|--------|-------|--------|
| 1 LOCATION OF WATER WELL: | Fraction | Section | Number | Township | Number | Range | Number |
| County: Pottawatomie | SW ¼ SE ¼ NE ¼ | 34 | | 07 | | 09 | EW |

Distance and direction from nearest town or city street address of well if located within city?
East 1 1/2 mile from Westmoreland, KS 66549

2 WATER WELL OWNER: Myron Schwinn
 RR #, St. Address, Box #: 4330 Blackjack Rd.
 City, State, ZIP Code : St. George, KS 66535
 Board of Agriculture, Division of Water Resources
 Application Number: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|--------------------|---|--|----|----|---|---|----|----|--|--|--|--|---|--|--|--|-----------------------|--------------|---------------------------------------|--------------------------|--------------------|------------------------------------|----------------------------|-------------------|---------------------------------------|--------------------|----------------|
| <p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> <td style="text-align: center;">X</td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">S</td> <td></td> </tr> </table> </div> | | | | | NW | NE | X | E | SW | SE | | | | | S | | <p>4 DEPTH OF WELL <u>25</u> ft.</p> <p>WELL'S STATIC WATER LEVEL <u>NA</u> ft. <u>Dry Hand Dug Well</u></p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/></p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes No <input checked="" type="checkbox"/></p> | <input checked="" type="checkbox"/> 1 Domestic | 5 Public Water Supply | 9 Dewatering | <input type="checkbox"/> 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | <input type="checkbox"/> 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | <input type="checkbox"/> 4 Industrial | 8 Air Conditioning | 12 Other |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NW | NE | X | E | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SW | SE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | S | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1 Domestic | 5 Public Water Supply | 9 Dewatering | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 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 4.5 ft. to 5.0 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 | |
| 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? How many feet?

| FROM | TO | PLUGGING MATERIALS |
|------|------|--------------------------|
| 25' | 15' | clean fill |
| 15' | 5' | large rocks & clean fill |
| 5' | 4.5' | Bentonite |
| 4.5' | +1' | clean fill |
| | | |
| | | |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/19/2006 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
 by (signature) Scott Schwinn, R.S. Pottawatomie County Sanitarian

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.