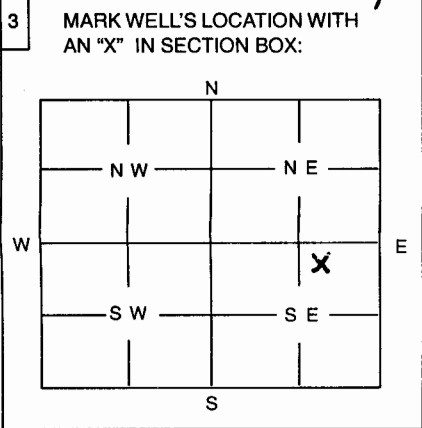


1 LOCATION OF WATER WELL: County: Clay	Fraction NW¼ NE¼ SE¼	Section Number 13	Township Number 8	Range Number 1
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Distance and direction from nearest town or city street address of well if located within city?
East edge of Iclana

2 WATER WELL OWNER: Pauline Meek Trust RR #, St. Address, Box #: 422 Northridge Ct. City, State, ZIP Code : Clay Center KS 67432	Board of Agriculture, Division of Water Resources Application Number: _____
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4 DEPTH OF WELL **27** ft
WELL'S STATIC WATER LEVEL **26** ft

WELL WAS USED AS:

<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

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="checkbox"/> 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 **36** in.

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

Grout Plug Intervals: From **3** ft. to **6** 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
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
0	3	Soil
3	6	Bentonite
6	26	Clay Soil
26	27	Chlorinated Sand

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **06/29/06** 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) **06/30/06** under the business name of by (signature) **Pauline Meek**

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.