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|---|-----------------------------|-----------------------------|----------------|-----------------|---|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| | County: <u>Pottawatomie</u> | <u>NE 1/4 NW 1/4 NE 1/4</u> | <u>08</u> | <u>08</u> | <u>11</u> EAW |

Distance and direction from nearest town or city street address of well if located within city?

1 mile S and 11 miles East of Westmoreland, KS 66549

| | | |
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| 2 | WATER WELL OWNER: <u>Mary Patricia Hartwich</u> | Board of Agriculture, Division of Water Resources |
| | RR #, St. Address, Box #: <u>13390 Onaga Rd.</u> | Application Number: |
| | City, State, ZIP Code : <u>Onaga, KS 66521</u> | |

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| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: |
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|--|---|--|--|---------------------------------------|---------------------------------------|---|---|------------------------------------|---|--|---------------------------------------|---|---|
| 4 | DEPTH OF WELL <u>20'</u> ft. | | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL <u>8'</u> ft. | | | | | | | | | | | | |
| | WELL WAS USED AS: | | | | | | | | | | | | |
| | <table border="0"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td><input type="checkbox"/> 5 Public Water Supply</td> <td><input type="checkbox"/> 9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td><input type="checkbox"/> 6 Oil Field Water Supply</td> <td><input type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td><input type="checkbox"/> 7 Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> 11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td><input type="checkbox"/> 8 Air Conditioning</td> <td><input type="checkbox"/> 12 Other</td> </tr> </table> | <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 5 Public Water Supply | <input type="checkbox"/> 9 Dewatering | <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 6 Oil Field Water Supply | <input type="checkbox"/> 10 Monitoring Well | <input type="checkbox"/> 3 Feedlot | <input type="checkbox"/> 7 Domestic (Lawn & Garden) | <input type="checkbox"/> 11 Injection Well | <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 8 Air Conditioning | <input type="checkbox"/> 12 Other |
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| | Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | If yes, mo/day/yr sample was submitted | | | | | | | | | | | | |
| | Water Well Disinfected: Yes <input checked="" type="checkbox"/> ... No | | | | | | | | | | | | |

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|----------------------------------|---|--|--|--|---------------------------------------|--|--------------------------------|--------------------------------|--|--|----------------------|
| 5 | TYPE OF BLANK CASING USED: | | | | | | | | | | |
| | <table border="0"> <tr> <td><input type="checkbox"/> 1 Steel</td> <td><input type="checkbox"/> 3 RMP (SR)</td> <td><input type="checkbox"/> 5 Wrought</td> <td><input type="checkbox"/> 7 Fiberglass</td> <td><input type="checkbox"/> 9 Other (Specify below)</td> </tr> <tr> <td><input type="checkbox"/> 2 PVC</td> <td><input type="checkbox"/> 4 ABS</td> <td><input type="checkbox"/> 6 Asbestos-Cement</td> <td><input type="checkbox"/> 8 Concrete Tile</td> <td><u>Hand dug well</u></td> </tr> </table> | <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought | <input type="checkbox"/> 7 Fiberglass | <input type="checkbox"/> 9 Other (Specify below) | <input type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 8 Concrete Tile | <u>Hand dug well</u> |
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| | Blank casing diameter in. Was casing pulled? Yes No If yes, how much | | | | | | | | | | |
| | Casing height above or below land surface in. | | | | | | | | | | |

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|---|--|--|---|--|---|--|--------------------------------------|--|-------------------|---|--|---|--|--|-------------------------------------|--|--|--------------------------------------|--|---|--|
| 6 | GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 <u>Bentonite</u> <input type="checkbox"/> 4 Other | | | | | | | | | | | | | | | | | | | | |
| | Grout Plug Intervals: From <u>5'</u> ft. to <u>4.5'</u> ft., From ft. to ft., From to ft. | | | | | | | | | | | | | | | | | | | | |
| | What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td><input type="checkbox"/> 1 Septic tank</td> <td><input type="checkbox"/> 6 Seepage pit</td> <td><input type="checkbox"/> 11 Fuel storage</td> <td><input type="checkbox"/> 16 Other (specify below)</td> </tr> <tr> <td><input type="checkbox"/> 2 Sewer lines</td> <td><input type="checkbox"/> 7 Pit privy</td> <td><input type="checkbox"/> 12 Fertilizer storage</td> <td><u>Farm field</u></td> </tr> <tr> <td><input type="checkbox"/> 3 Watertight sewer lines</td> <td><input type="checkbox"/> 8 Sewage lagoon</td> <td><input type="checkbox"/> 13 Insecticide storage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4 Lateral lines</td> <td><input type="checkbox"/> 9 Feedyard</td> <td><input type="checkbox"/> 14 Abandoned water well</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5 Cess pool</td> <td><input type="checkbox"/> 10 Livestock pens</td> <td><input type="checkbox"/> 15 Oil well/Gas well</td> <td></td> </tr> </table> | <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 11 Fuel storage | <input type="checkbox"/> 16 Other (specify below) | <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 7 Pit privy | <input type="checkbox"/> 12 Fertilizer storage | <u>Farm field</u> | <input type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 8 Sewage lagoon | <input type="checkbox"/> 13 Insecticide storage | | <input type="checkbox"/> 4 Lateral lines | <input type="checkbox"/> 9 Feedyard | <input type="checkbox"/> 14 Abandoned water well | | <input type="checkbox"/> 5 Cess pool | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 15 Oil well/Gas well | |
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| | Direction from well? <u>south</u> How many feet? <u>10'</u> | | | | | | | | | | | | | | | | | | | | |

| FROM | TO | PLUGGING MATERIALS |
|------|------|----------------------|
| 20' | 12' | clean fill sand |
| 12' | 5' | Rocks and clean soil |
| 5' | 4.5' | Bentonite |
| 4.5' | +1.0 | Clean fill soil |
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| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/03/2009</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>11/05/2009</u> This Water Well Record was completed on (mo/day/year) <u>11/05/2009</u> under the business name of <u>Pottawatomie County Environmental Health Dept.</u> by (signature) <u>[Signature]</u> <u>Scott Schwinn, R.S. County Sanitarian</u> |
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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.