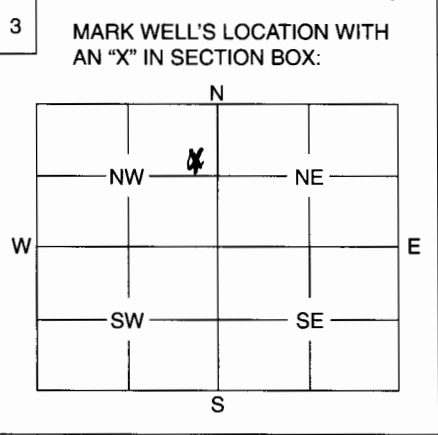


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Leavenworth SE 1/4 NW 1/4 NW 1/4 18 9S 23 EW

Distance and direction from nearest town or city street address of well if located within city?  
Corner of Select Drive & Hwy 7

2 WATER WELL OWNER: Hallmark Cards MW - HA - 02  
 RR #, St. Address, Box #: 4901 Select Dr. Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Leavenworth KS 66048 Application Number:



4 DEPTH OF WELL ..... 20.5 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 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 .....

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

Water Well Disinfected: Yes ..... No X.....

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 ..... 2 ..... in. Was casing pulled? es ..... No ..... If yes, how much ..... 20.5 .....  
 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 2 ..... ft. to 20.5 ..... 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 .....

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
<u>2</u>	<u>20.5</u>	<u>Bentonite</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 12/13/06 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 650 ..... This Water Well Record was completed on (mo/day/year) 2/26/07 ..... under the business name of PFS .....  
 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.