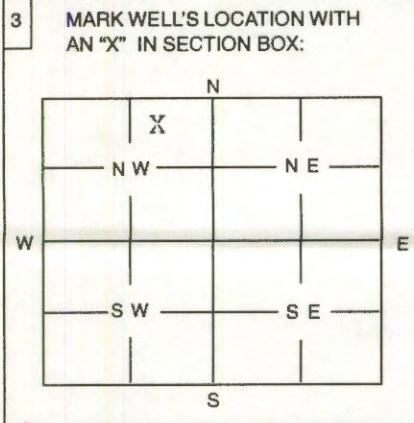


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>OTTEWA</u>	<u>NE 1/4 NW 1/4 NE 1/4</u>	<u>22</u>	<u>10</u>	<u>2</u>

Distance and direction from nearest town or city street address of well if located within city?  
3 MILES NORTH EAST of Wells

2 WATER WELL OWNER: JAMES KAY  
703 CLAY  
 RR #, St. Address, Box #: MINNEAPOLIS KS 67467  
 City, State, ZIP Code :  
 Board of Agriculture, Division of Water Resources  
 Application Number: IT-1A



4 DEPTH OF WELL ..... 44 ..... ft  
 WELL'S STATIC WATER LEVEL ..... 29 ..... 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  .....  
 If yes, mo/day/yr sample was submitted .....

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

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      Rock      all Removed

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 ..... ft. to ..... ft.,      From ..... to ..... ft.

- What is the nearest source of possible contamination:
- |   |  |  |   |
|---|--|--|---|
| <input checked="" 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   |   |
| <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    |   |

Direction from well? South West      How many feet? 200 ft

FROM	TO	PLUGGING MATERIALS
	15 BAGS	BENTONITE GROUT PLUG
	170 CUFT	CLAY SOIL (SUBSOIL)
	4 YARDS	TOP SOIL
	8 GAL.	CHLORINE
	4 YARDS	SAND

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-9-2000 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 125786 This Water Well Record was completed on (mo/day/year) ..... under the business name of ~~XXXXXXXX~~ JAMES KAY by (signature) James P Kay

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.