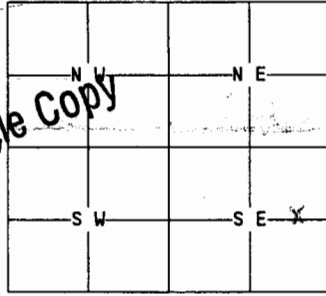


1	LOCATION OF WATER WELL: County: <u>Ellis</u>	Fraction <u>1/4 NE 1/4 SE 1/4</u>	Section Number <u>33</u>	Township Number <u>11</u>	Range Number <u>20 W</u>
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Distance and direction from nearest town or city street address of well if located within city?
7 miles North of Paris, Mo.

2 WATER WELL OWNER: Mike Seaberg
 RR#, St. Address, Box #: 279 3rd St Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Paris, MO 65657 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S	4	DEPTH OF WELL..... <u>24</u>ft. WELL'S STATIC WATER LEVEL..... <u>10</u>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 Lawn and Garden Only 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. <input checked="" type="checkbox"/> No. <input type="checkbox"/>
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Best Available Copy

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 10 ft. to 24 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? 100

FROM	TO	PLUGGING MATERIALS

CORRECTED

RECEIVED
 JUL 21 2009
 BUREAU OF WATER

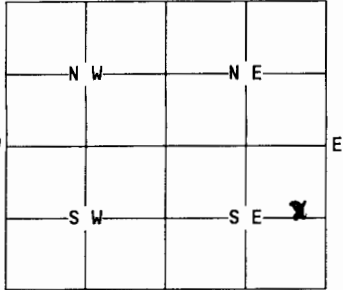
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)..... under the business name of by (signature) A. ...

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.

1	LOCATION OF WATER WELL: County: <i>Ellis</i>	Fraction <i>SE</i> $\frac{1}{4}$ $\frac{1}{4}$	Section Number <i>33</i>	Township Number <i>11</i>	Range Number <i>20</i>
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Distance and direction from nearest town or city street address of well if located within city?
7 Miles North of Ellis, KS.

2 WATER WELL OWNER: *Mike Seaden*
RR#, St. Address, Box #: *2539 130 Av* Board of Agriculture, Division of Water Resources
City, State, ZIP Code: *Ellis, KS, 67632* Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S	4	DEPTH OF WELL..... <i>24</i>ft. WELL'S STATIC WATER LEVEL..... <i>10</i>ft. WELL WAS USED AS: <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 Lawn and Garden Only <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 12 Other..... 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. <input checked="" type="checkbox"/>
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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.....*6*.....in. Was casing pulled? Yes..... No. If yes, how much.....
Casing height above or below land surface.....*24*.....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:
 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?*EAST*..... How many feet?*100*.....

FROM	TO	PLUGGING MATERIALS

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 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) *a. Michael Seaden*.....

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.