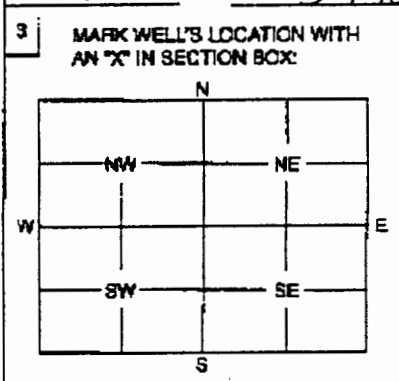


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Shawnee</u>	<u>SW 1/4 1/4 1/4</u>	<u>19</u>	<u>12</u>	<u>17</u> <u>EW</u>

DRG
6/29/09

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

2 WATER WELL OWNER: Donald Nisbett
 RR #, St. Address, Box #: _____
 City, State, ZIP Code: 5442 SE 45th St Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 3 ft.
 WELL'S STATIC WATER LEVEL 2 ft.
 WELL WAS USED AS:
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Abandoned Hand dug Rock lined

Was a chemical / bacteriological sample submitted to Department? Yes _____ No 2
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes ✓ No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) Rock lined

Blank casing diameter _____ in. Was casing pulled? Yes _____ No ✓ If yes, how much _____
 Casing height above or below land surface below in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 2'6" ft. to 2' ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____

Direction from well? 50' east of well How many feet? _____

FROM	TO	PLUGGING MATERIALS
<u>13</u>	<u>2'6"</u>	<u>Sand</u>
<u>2'6"</u>	<u>2'</u>	<u>Bentonite</u>
<u>2'</u>	<u>0</u>	<u>Topsoil</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-12-09 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 S.W. LAM ENTERPRISES INC. 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.