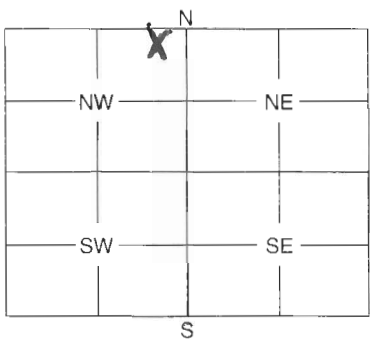


1	LOCATION OF WATER WELL: County: <u>Gove</u>	Fraction <u>NE 1/4 NE 1/4 NW 1/4</u>	Section <u>4</u>	Number	Township <u>12</u>	Number	Range <u>29</u>	Number																								
Distance and direction from nearest town or city street address of well if located within city? <u>4 1/2 South &amp; 3 1/2 West of Grainfield, KS</u>																																
2	WATER WELL OWNER: <u>Harvey Heier</u> RR #, St. Address, Box #: <u>3851 Cord Y</u> City, State, ZIP Code: <u>Grainfield, KS 67737</u> Board of Agriculture, Division of Water Resources Application Number: _____																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>		4	DEPTH OF WELL ..... <u>83</u> ft. WELL'S STATIC WATER LEVEL ..... <u>58</u> ft. WELL WAS USED AS: <table style="width:100%;"><tr><td><input checked="" type="radio"/> 1 Domestic</td><td><input type="radio"/> 5 Public Water Supply</td><td><input type="radio"/> 9 Dewatering</td></tr><tr><td><input type="radio"/> 2 Irrigation</td><td><input type="radio"/> 6 Oil Field Water Supply</td><td><input type="radio"/> 10 Monitoring Well</td></tr><tr><td><input type="radio"/> 3 Feedlot</td><td><input type="radio"/> 7 Domestic (Lawn &amp; Garden)</td><td><input type="radio"/> 11 Injection Well</td></tr><tr><td><input type="radio"/> 4 Industrial</td><td><input type="radio"/> 8 Air Conditioning</td><td><input type="radio"/> 12 Other .....</td></tr></table> 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="radio"/> 1 Domestic	<input type="radio"/> 5 Public Water Supply	<input type="radio"/> 9 Dewatering	<input type="radio"/> 2 Irrigation	<input type="radio"/> 6 Oil Field Water Supply	<input type="radio"/> 10 Monitoring Well	<input type="radio"/> 3 Feedlot	<input type="radio"/> 7 Domestic (Lawn & Garden)	<input type="radio"/> 11 Injection Well	<input type="radio"/> 4 Industrial	<input type="radio"/> 8 Air Conditioning	<input type="radio"/> 12 Other .....												
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5	TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td><input checked="" type="radio"/> 1 Steel</td><td><input type="radio"/> 3 RMP (SR)</td><td><input type="radio"/> 5 Wrought</td><td><input type="radio"/> 7 Fiberglass</td><td><input type="radio"/> 9 Other (Specify below)</td></tr><tr><td><input type="radio"/> 2 PVC</td><td><input type="radio"/> 4 ABS</td><td><input type="radio"/> 6 Asbestos-Cement</td><td><input type="radio"/> 8 Concrete Tile</td><td></td></tr></table> Blank casing diameter <u>5</u> in. Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, how much ..... Casing height above or below land surface <u>60</u> in. <u>inside well pit</u>								<input checked="" type="radio"/> 1 Steel	<input type="radio"/> 3 RMP (SR)	<input type="radio"/> 5 Wrought	<input type="radio"/> 7 Fiberglass	<input type="radio"/> 9 Other (Specify below)	<input type="radio"/> 2 PVC	<input type="radio"/> 4 ABS	<input type="radio"/> 6 Asbestos-Cement	<input type="radio"/> 8 Concrete Tile															
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6	GROUT PLUG MATERIAL: <input type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other ..... Grout Plug Intervals: From <u>0</u> ft. to <u>25</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td><input type="radio"/> 1 Septic tank</td><td><input type="radio"/> 6 Seepage pit</td><td><input type="radio"/> 11 Fuel storage</td><td><input type="radio"/> 16 Other (specify below)</td></tr><tr><td><input type="radio"/> 2 Sewer lines</td><td><input type="radio"/> 7 Pit privy</td><td><input type="radio"/> 12 Fertilizer storage</td><td></td></tr><tr><td><input type="radio"/> 3 Watertight sewer lines</td><td><input type="radio"/> 8 Sewage lagoon</td><td><input type="radio"/> 13 Insecticide storage</td><td></td></tr><tr><td><input type="radio"/> 4 Lateral lines</td><td><input type="radio"/> 9 Feedyard</td><td><input type="radio"/> 14 Abandoned water well</td><td></td></tr><tr><td><input type="radio"/> 5 Cess pool</td><td><input checked="" type="radio"/> 10 Livestock pens</td><td><input type="radio"/> 15 Oil well/Gas well</td><td></td></tr></table> Direction from well? <u>West</u> How many feet? <u>150</u>								<input type="radio"/> 1 Septic tank	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 16 Other (specify below)	<input type="radio"/> 2 Sewer lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 12 Fertilizer storage		<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 13 Insecticide storage		<input type="radio"/> 4 Lateral lines	<input type="radio"/> 9 Feedyard	<input type="radio"/> 14 Abandoned water well		<input type="radio"/> 5 Cess pool	<input checked="" type="radio"/> 10 Livestock pens	<input type="radio"/> 15 Oil well/Gas well					
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<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:15%;">FROM</th><th style="width:15%;">TO</th><th style="width:70%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><u>0</u></td><td><u>25</u></td><td><u>bentonite</u></td></tr><tr><td><u>25</u></td><td><u>83</u></td><td><u>Sand</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>									FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>25</u>	<u>bentonite</u>	<u>25</u>	<u>83</u>	<u>Sand</u>															
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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>5-18-07</u> <u>489</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>5-18-07</u> under the business name of <u>Aqua Pump</u> This Water Well Record was completed on (mo/day/year) <u>5-18-07</u> by (signature) <u>[Signature]</u>																															

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.