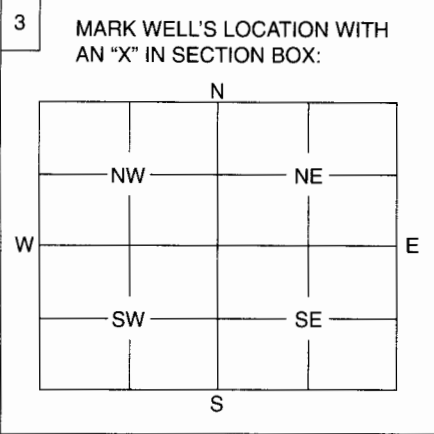


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Lincoln SW₄ 1/4 1/4 36 12 9 E/W

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

2 WATER WELL OWNER: Emilie K. Wacker
 RR #, St. Address, Box #: 725 N. 120th Rd
 City, State, ZIP Code: Lincoln KS 67455 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 35 ft.
 WELL'S STATIC WATER LEVEL 26 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

Blank casing diameter 6 in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface 6 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? How many feet?

FROM	TO	PLUGGING MATERIALS
0	9	Sand
		Chlorox
9	29	subsoil
29	32	bentonite
32	35	top soil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-3-09 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
 by (signature) Emilie K. Wacker

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.