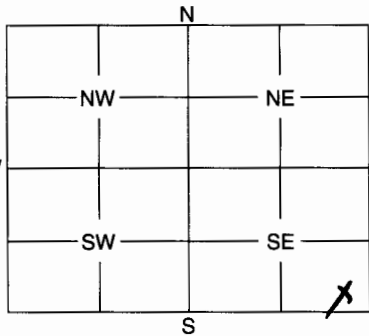


1 LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: <b>Ellis</b>	<b>SE 1/4 SE 1/4 SE 1/4</b>	<b>21</b>		<b>13 S</b>		<b>18 W</b>	<b>E/W</b>

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

2 WATER WELL OWNER: <b>STATE OF KANSAS</b> RR #, St. Address, Box #: <b>900 SW HARRISON</b> City, State, ZIP Code: <b>Topeka KS 66603</b>	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>40</b> ft. WELL'S STATIC WATER LEVEL <b>4</b> ft. WELL WAS USED AS: <table style="width:100%; border:none;"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td><input type="checkbox"/> 5 Public Water Supply</td> <td><input type="checkbox"/> 9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td><input type="checkbox"/> 6 Oil Field Water Supply</td> <td><input type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td><input type="checkbox"/> 7 Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> 11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td><input type="checkbox"/> 8 Air Conditioning</td> <td><input type="checkbox"/> 12 Other .....</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....</p> <p>If yes, mo/day/yr sample was submitted .....</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> ..... No .....</p>	<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 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other .....
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<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other .....											



5 TYPE OF BLANK CASING USED:	Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, how much .....										
<table style="width:100%; border:none;"> <tr> <td><input checked="" type="checkbox"/> 1 Steel</td> <td><input type="checkbox"/> 3 RMP (SR)</td> <td><input type="checkbox"/> 5 Wrought</td> <td><input type="checkbox"/> 7 Fiberglass</td> <td><input type="checkbox"/> 9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td><input type="checkbox"/> 4 ABS</td> <td><input type="checkbox"/> 6 Asbestos-Cement</td> <td><input type="checkbox"/> 8 Concrete Tile</td> <td>.....</td> </tr> </table>	<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)	<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	.....	
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<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	.....							
Blank casing diameter ..... in.	Casing height above or below land surface <b>4.6</b> in.										

6 GROUT PLUG MATERIAL:	1 Neat cement    2 <del>Cement grout</del> 3 Bentonite    4 Other .....																				
Grout Plug Intervals: From <b>25</b> ft. to <b>5</b> ft.,	From ..... ft. to ..... ft., From ..... to ..... ft.																				
What is the nearest source of possible contamination:																					
<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> 1 Septic tank</td> <td><input type="checkbox"/> 6 Seepage pit</td> <td><input type="checkbox"/> 11 Fuel storage</td> <td><input type="checkbox"/> 16 Other (specify below)</td> </tr> <tr> <td><input type="checkbox"/> 2 Sewer lines</td> <td><input type="checkbox"/> 7 Pit privy</td> <td><input type="checkbox"/> 12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td><input type="checkbox"/> 3 Watertight sewer lines</td> <td><input type="checkbox"/> 8 Sewage lagoon</td> <td><input type="checkbox"/> 13 Insecticide storage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4 Lateral lines</td> <td><input type="checkbox"/> 9 Feedyard</td> <td><input type="checkbox"/> 14 Abandoned water well</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5 Cess pool</td> <td><input type="checkbox"/> 10 Livestock pens</td> <td><input type="checkbox"/> 15 Oil well/Gas well</td> <td></td> </tr> </table>	<input 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		
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Direction from well? .....	How many feet? .....																				

FROM	TO	PLUGGING MATERIALS
<b>40</b>	<b>33</b>	<b>GRAVEL</b>
<b>33</b>	<b>29</b>	<b>CLAY</b>
<b>25</b>	<b>5</b>	<b>bentonite</b>
<b>5</b>	<b>0</b>	<b>TOPSOIL</b>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>6-23-06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>426</b> This Water Well Record was completed on (mo/day/year) <b>6-29-06</b> under the business name of <b>Town &amp; Country Water Well</b> by (signature) <b>al Tree</b>	
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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.