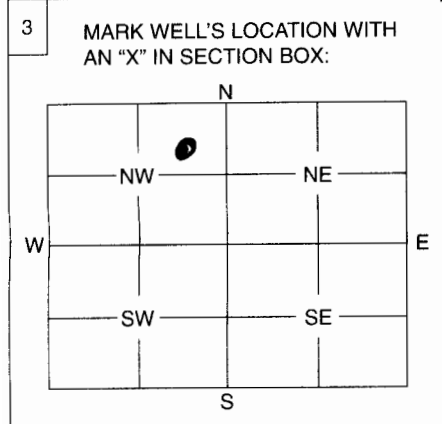


1 LOCATION OF WATER WELL: Fraction NE 1/4 NE 1/4 NW 1/4 Section Number 20 Township Number 15 Range Number 2 E/W

County: Dickinson

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

2 WATER WELL OWNER: Lowell Barten
 RR #, St. Address, Box #: 846 1000 Ave
 City, State, ZIP Code: Hope, KS 67451
 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 27 ft.
 WELL'S STATIC WATER LEVEL 9 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 X.....
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes X 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 Rock Lined

Blank casing diameter 36 in. Was casing pulled? Yes No X..... 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 5 ft. to 4.5 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? West How many feet? 100 ft

FROM	TO	PLUGGING MATERIALS
<u>27'</u>	<u>18'</u>	<u>gravel/rock lining</u>
<u>18'</u>	<u>5'</u>	<u>clay/subsoil</u>
<u>5'</u>	<u>4.5'</u>	<u>Bentonite</u>
<u>4.5'</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) 6-17-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 6-29-09 This Water Well Record was completed on (mo/day/year) under the business name of Lowell Barten by (signature) Lowell Barten

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.