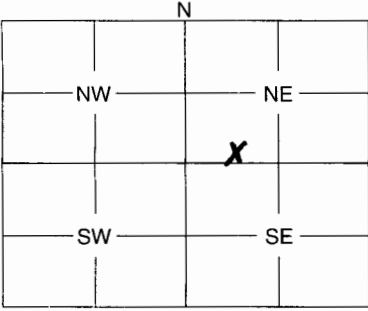


1	LOCATION OF WATER WELL: County: <u>Elkworth</u>	Fraction <u>SE SW NE</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>23</u>	Township Number <u>16 S</u>	Range Number <u>10 W</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

From Holyrood 3 N 1 E 1/2 N

2	WATER WELL OWNER: <u>Bert Strattmann Estate</u> <u>46 Edith Strattmann</u> RR #, St. Address, Box #: <u>107 S County Rd</u> City, State, ZIP Code: <u>Holyrood KS 67450</u>	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 <u>139</u> ft. WELL'S STATIC WATER LEVEL <u>NA</u> ft. WELL WAS USED AS: <table border="0"> <tr> <td>☒ 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>☐ 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>☐ 3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>☐ 4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	☒ 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
☒ 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: <table border="0"> <tr> <td>☒ 1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>☐ 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	☒ 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	☐ 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
☒ 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 5 in. Was casing pulled? Yes No ☒ If yes, how much

Casing height above or below land surface 36 in.

6	GROUT PLUG MATERIAL: ☒ 1 Neat cement ☐ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other
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Grout Plug Intervals: From 139 ft. to 3 ft., From ft. to ft., From ft. 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	<u>NA</u>
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
<u>3</u>	<u>139</u>	<u>Neat Cement</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/25/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>700</u> This Water Well Record was completed on (mo/day/year) <u>10/26/04</u> under the business name of <u>Pro's Well Service</u> by (signature) <u>[Signature]</u>
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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.

RECEIVED
OCT 26 2004
BUREAU OF WATER