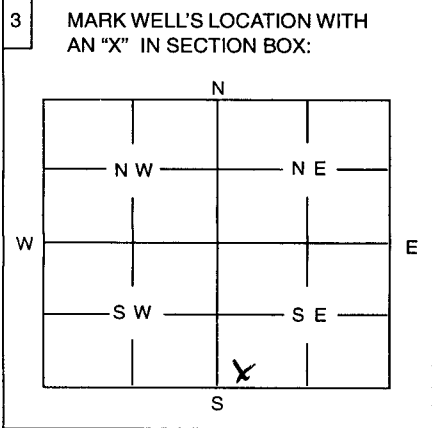


1	LOCATION OF WATER WELL: County: <u>Barton</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>30</u>	Township Number <u>17</u>	Range Number <u>11W</u>
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Distance and direction from nearest town or city street address of well if located within city?  
From Claflin, KS 2 1/2 West, 1 month, 1/2 West North: 4000.

2	WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code : <u>Jeff Schneeweis</u> <u>107 7th Claflin KS 67525</u>	Board of Agriculture, Division of Water Resources Application Number:
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4	DEPTH OF WELL ..... <u>7 ft</u> ..... ft
	WELL'S STATIC WATER LEVEL <u>None</u> ..... ft. <u>found.</u>
	WELL WAS USED AS:
	<input type="radio"/> Domestic <input type="radio"/> Irrigation <input checked="" type="radio"/> Feedlot <input type="radio"/> Industrial
	<input type="radio"/> Public Water Supply <input type="radio"/> Oil Field Water Supply <input type="radio"/> Domestic (Lawn & Garden) <input type="radio"/> Air Conditioning
	<input type="radio"/> Dewatering <input type="radio"/> Monitoring Well <input type="radio"/> Injection Well <input type="radio"/> Other <u>Abandon</u>
	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 ..... No <input checked="" type="checkbox"/>

5	TYPE OF BLANK CASING USED:
	1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass <input checked="" type="radio"/> Other (Specify below) 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile
	Blank casing diameter... <u>6.0</u> in.    Was casing pulled?    Yes ..... No <input checked="" type="checkbox"/> If yes, how much .....
	Casing height above or below land surface ..... in.

6	GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout <input checked="" type="radio"/> Bentonite    4 Other .....
	Grout Plug Intervals:    From <u>3</u> ft. to <u>7</u> 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 <input checked="" type="radio"/> Livestock pens    15 Oil well/Gas well
	Direction from well? .....    How many feet? .....

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>Top soil</u>
<u>3</u>	<u>7</u>	<u>Bentonite Clay</u>
		<u>No Water found</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9/30/01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1015101</u> This Water Well Record was completed on (mo/day/year) <u>10/15/01</u> under the business name of <u>Jeff Schneeweis</u> by (signature) <u>Jeff Schneeweis</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.