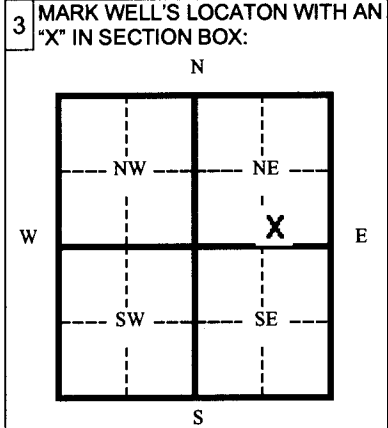


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>McPherson</b>	<b>SW 1/4 SE 1/4 NE 1/4</b>	<b>17</b>	<b>17</b>	<b>3-West</b>

Distance and direction from nearest town or city street address of well if located within city?  
**321 E. Lincoln Street, Lindsborg, Kansas**

2 WATER WELL OWNER: **Ed Hackleman**  
 RR#, St. Address, Box # **P.O. Box D**  
 City, State, ZIP Code : **Moundridge, Kansas 67109**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL ..... **25.0** ..... ft.  
 WELL'S STATIC WATER LEVEL ..... **Dry** ..... 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 Lawn and Garden (domestic)                      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 ..... No **X** .....

5 TYPE OF BLANK CASING USED:  
 1 Steel                      3 RMP (SR)                      5 Wrought                      7 Fiberglass                      9 Other (specify below)  
 2 **PVC**                      4 ABC                      6 Asbestos-Cement                      8 Concrete Tile

Blank casing diameter **2.375** in.    Was casing pulled?    Yes **X**    No .....    If yes, how much? **25.0'**

Casing height above or below land surface **Unknown** in.                      **Well overdrilled to 20.0'**

6 GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout    3 **Bentonite**    4 Other **Soils**

Grout Plug Intervals    From **25.0** ft. to **3.0** ft.    From **3.0** ft. to **0.0** 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  
 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? **East-Southeast**                      How many feet? **45**

FROM	TO	CODE	PLUGGING MATERIALS
<b>0.0</b>	<b>3.0</b>		<b>Compacted soils</b>
<b>3.0</b>	<b>25.0</b>		<b>Bentonite chips</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **04/12/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **04/30/04** under the business name of **Quad State Services, Inc.**  
 by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.