

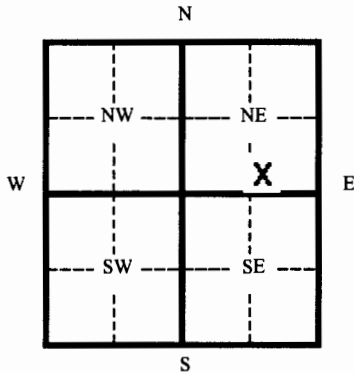
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>McPherson</b>	<b>SW 1/4 SE 1/4 NE 1/4</b>	<b>17</b>	<b>17</b>	<b>3-West</b>

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: <b>Ed Hackleman</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # <b>P.O. Box D</b>	Application Number:
City, State, ZIP Code : <b>Moundridge, Kansas 67109</b>	

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



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? **Northeast** How many feet? **95**

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.