

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

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** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Moundridge, Kansas 67109** Application Number:

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 25.0 ft.
	WELL'S STATIC WATER LEVEL 24.44 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 and gravel**

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? **West** How many feet? **10**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Compacted soils and gravel
3.0	25.0		Bentonite chips

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) _____

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.