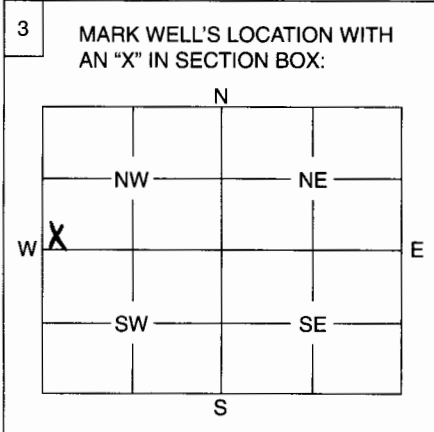


1 LOCATION OF WATER WELL:	Fraction <i>SW SW NW</i> <small>¼ ¼ ¼</small>	Section Number <i>29</i>	Township Number <i>17</i>	Range Number <i>33</i> EW
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code :	<i>Showalter Foundation</i> <i>900 N. Popular St. Suite 200</i> <i>Norton, KS. 67144-1969</i>	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF WELL <i>178</i> ft.												
WELL'S STATIC WATER LEVEL <i>150</i> ft.												
WELL WAS USED AS:												
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td><input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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
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<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/>												
If yes, mo/day/yr sample was submitted												
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No												

5 TYPE OF BLANK CASING USED:
<input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
Blank casing diameter <i>16</i> in. Was casing pulled? Yes No If yes, how much
Casing height above or (below) and surface <i>3'</i> in.

6 GROUT PLUG MATERIAL:	1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other															
Grout Plug Intervals:	From <i>3</i> ft. to <i>7</i> ft., From ft. to ft., From to ft.															
What is the nearest source of possible contamination: <i>none</i>																
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Septic tank</td> <td style="width:33%;">6 Seepage pit</td> <td style="width:33%;">11 Fuel storage</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	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	16 Other (specify below)
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Direction from well?		How many feet?														

FROM	TO	PLUGGING MATERIALS
<i>150</i>	<i>178</i>	<i>1 1/2 yds washed sand + gravel</i>
<i>7</i>	<i>150</i>	<i>7 1/2 yds clay + bentonite mixed</i>
<i>3</i>	<i>7</i>	<i>300 lbs. bentonite chips</i>
<i>0</i>	<i>3</i>	<i>top soil</i>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>2-24-06</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>532</i> This Water Well Record was completed on (mo/day/year) <i>3-15-06</i> under the business name of <i>Midwest Well + Pump Inc.</i> by (signature) <i>Victor Soukup</i>
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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.