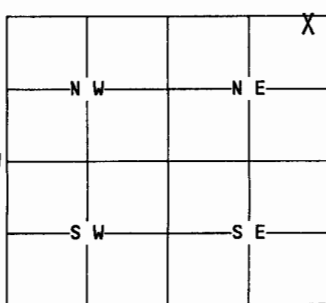


1 LOCATION OF WATER WELL: County: McPherson		Fraction NE 1/4NE 1/4NE 1/4	Section Number 1	Township Number 20 South	Range Number 4 West																								
Distance and direction from nearest town or city street address of well if located within city? From Intersection of Highways 153 and 56: 1.5 miles South and 1 mile west																													
2 WATER WELL OWNER: Leland and Doris Carlson																													
RR#, St. Address, Box #: Rt. 2, Box 37 City, State, ZIP Code : McPherson, Ks 67460			Board of Agriculture, Division of Water Resources Application Number: Not Applicable																										
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N		4 DEPTH OF WELL.....64.....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 Only 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 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter.....6.....in. Was casing pulled? Yes..... No..X... If yes, how much..... Casing height above or below land surface.....30.....in.																													
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From..64..ft. to..3..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 10 Livestock pens 15 Oil well/Gas well Direction from well? ..East How many feet? ..195																													
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>64</td><td>3</td><td>Cement Grout</td></tr><tr><td>3</td><td>0</td><td>Topsoil</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	PLUGGING MATERIALS	64	3	Cement Grout	3	0	Topsoil															
FROM	TO	PLUGGING MATERIALS																											
64	3	Cement Grout																											
3	0	Topsoil																											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....07/08/94..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year).....7/7/94..... under the business name of Board of Public Utilities..... by (signature) <i>Frank B. Hallgart</i>																													
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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																													