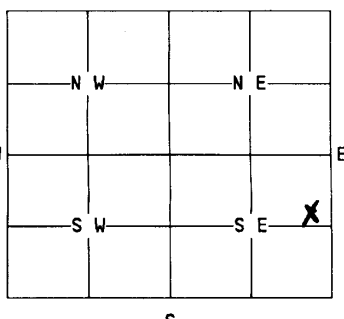


1	LOCATION OF WATER WELL: County: <u>Marion</u>	Fraction <u>N1/2SE1/4NE1/4S01/4</u> 1/4 1/4 1/4	Section Number <u>04</u>	Township Number <u>20</u>	Range Number <u>05</u>
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Distance and direction from nearest town or city street address of well if located within city?
8 miles East + 3/4 South of Marion, KS

2 WATER WELL OWNER: Dieter, Larry & Jerry
RR#, St. Address, Box #: 7375, Freeborn
City, State, ZIP Code: Marion, KS 6686

Board of Agriculture, Division of Water Resources
Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S	4	DEPTH OF WELL..... <u>50</u>ft. WELL'S STATIC WATER LEVEL..... <u>7</u>ft. WELL WAS USED AS: <input checked="" type="radio"/> 1 Domestic <input type="radio"/> 2 Irrigation <input type="radio"/> 3 Feedlot <input type="radio"/> 4 Industrial <input type="radio"/> 5 Public Water Supply <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 7 Lawn and Garden Only <input type="radio"/> 8 Air Conditioning <input type="radio"/> 9 Dewatering <input type="radio"/> 10 Monitoring Well <input type="radio"/> 11 Injection Well <input type="radio"/> 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..... No <input checked="" type="checkbox"/>
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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 rock

Blank casing diameter.....5.....in. Was casing pulled? Yes..... No If yes, how much.....
Casing height above or below land surface.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
Grout Plug Intervals: From.....ft. to.....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 NONE

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? N.W...... How many feet? 1000 ft......

FROM	TO	PLUGGING MATERIALS
<u>50</u>	<u>40</u>	<u>rock</u>
<u>40</u>	<u>8</u>	<u>gravel</u>
<u>8</u>	<u>5</u>	<u>Cement</u>
<u>5</u>	<u>0</u>	<u>black dirt</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....August 1-03..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractors License No. 1-4-16..... This Water Well Record was completed on (mo/day/year).....
..... under the business name of

by (signature) Anthony R. Schaffer

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.