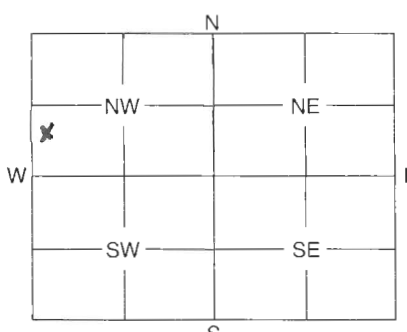


1 LOCATION OF WATER WELL: County: <u>McPherson</u>	Fraction <u>NW SW NW</u> <small>¼ ¼ ¼</small>	Section Number <u>35</u>	Township Number <u>21 S</u>	Range Number <u>5 W</u> <small>#/W</small>
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Distance and direction from nearest town or city street address of well if located within city?  
4 west and 3 ¼ South of Inman

2 WATER WELL OWNER: Richard Eckrote  
RR #, St. Address, Box #: 62 4th Ave.  
City, State, ZIP Code: Inman, KS 67546  
Board of Agriculture, Division of Water Resources  
Application Number: \_\_\_\_\_

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL ..... <u>15</u> ..... ft. WELL'S STATIC WATER LEVEL <u>Dry</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, mo/day/yr sample was submitted .....</p> <p>Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> .....</p>	<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering	<input type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other .....
<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering											
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<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other .....											

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 4.8 in.    Was casing pulled? Yes ..... No  ..... If yes, how much .....  
 Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other compacted clay soil  
 Grout Plug Intervals: From 15 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? NE ..... How many feet? 300 .....

FROM	TO	PLUGGING MATERIALS
<u>15'</u>	<u>3'</u>	<u>Clay soils</u>
<u>3'</u>	<u>2'</u>	<u>Bentonite Pellets</u>
<u>2'</u>	<u>0'</u>	<u>Soils</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/13/07 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) 7/23/07 under the business name of \_\_\_\_\_ by (signature) [Signature]

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.