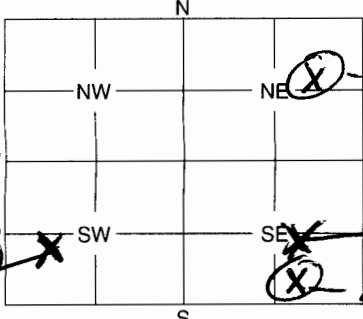


1 LOCATION OF WATER WELL: Fraction SE Section Number 10 Township Number 22 Range Number 40  
 County: Hamilton  1/4  1/4  1/4  1/4  E/W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Boyd Bezong  
 RR #, St. Address, Box #: Box 687 3701 NE CR 14 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Syracuse KS 67878 Application Number: \_\_\_\_\_

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF WELL ..... 100 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 80 ..... 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 Domestic (Lawn & Garden)  11 Injection Well   
 4 Industrial  8 Air Conditioning  12 Other Windmill   
 Was a chemical / bacteriological sample submitted to Department? Yes ..... No X.....  
 If yes, mo/day/yr sample was submitted .....  
 Water Well Disinfected: Yes X No .....

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 ..... If yes, how much .....  
 Casing height above or below land surface ..... 4 ft. below 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   
 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? North How many feet? 3000 ft

FROM	TO	PLUGGING MATERIALS
100H	80H	clean sand
80H	4H	Bentonite
		Bentonite mushroom cap

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 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) ..... 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.