

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: Harvey	NW 1/4 SW 1/4 NW 1/4	8		T	23	S	R 2 E <u>W</u>

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

Approximately 5 miles east and 2 3/4 miles north of Burrton

2	WATER WELL OWNER:	Burns & McDonnell
	RR#, St. Address, Box #	9400 Ward Parkway
	City, State, ZIP Code	Kansas City, MO 64114
	Board of Agriculture, Division of Water Resources	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL	134	ft
			WELL'S STATIC WATER LEVEL	not checked	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
					Piezometer well
			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:
	1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) <u>2 PVC</u> 4 ABS      6 Asbestos-Cement      8 Concrete Tile
	Blank casing diameter <u>2</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____
	Casing height above or <u>below</u> land surface <u>36</u> in.

6	GROUT PLUG MATERIAL:	1 Neat Cement	2 Cement grout	3 Bentonite	4 Other	Bentonite Holeplug
	Grout Plug Intervals:	From _____ ft.	to _____ ft.	From _____ ft.	to _____ ft.	From <u>134</u> ft. to <u>3</u> 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	None known		
	4 Lateral lines	9 Feedyard	14 Abandoned water well			
	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well			
	Direction from well? _____		How many feet? _____			

FROM	TO	PLUGGING MATERIALS
134	3	Bentonite Holeplug
3	0	Compacted Soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7-13-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/year) <u>7-26-06</u> under the business name of <u>Clarke Well &amp; Equipment, Inc.</u>
	by (signature) <u>[Signature]</u>

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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.