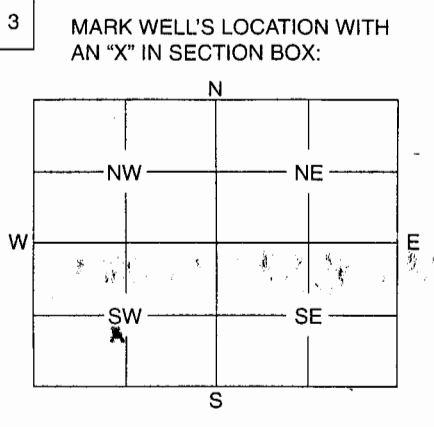


1 LOCATION OF WATER WELL: Fraction South 1/2 Section Number 25 Township Number 24S Range Number 39-W  
 County: Hamilton County 1/4 1/4 1/4 E/W

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

2 WATER WELL OWNER: Ralph J Swords Jr  
 RR #, St. Address, Box #: PO Box 333  
 City, State, ZIP Code: Garden City, MO 67846  
 Board of Agriculture, Division of Water Resources Application Number:



4 DEPTH OF WELL ..... 6 ft.  
 WELL'S STATIC WATER LEVEL ..... 0 ft. dry  
 WELL WAS USED AS:  
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other not well!  
 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 ..... 8 in. Was casing pulled? Yes ..... No X If yes, how much .....  
 Casing height above or below land surface ..... 55 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Plug Intervals: From ..... 3 ft. to ..... 6 ft. From ..... ft. to ..... ft., From ..... to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) .....  
 Direction from well? East, North, East How many feet? 176 feet

FROM	TO	PLUGGING MATERIALS
<u>6</u>	<u>3</u>	<u>Bentonite Plug Cap</u>
<u>3</u>	<u>0</u>	<u>Top Soil</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) April 26 2005 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.