

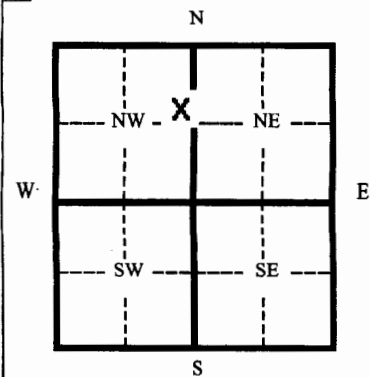
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Hamilton	SE ¼ NE ¼ NW ¼	7	24	40-West

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

304 N. Barber Street, Syracuse, Kansas

2 WATER WELL OWNER: USD #494	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # 304 N. Barber Street	
City, State, ZIP Code : Syracuse, Kansas 67878	

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL **20.0** ft.

WELL'S STATIC WATER LEVEL **10.76** 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 Lawn and Garden (domestic) | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other |

Was a chemical/bacteriological sample submitted to Department? Yes ___ No **X**

If yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes ___ No **X**

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile
Blank casing diameter 2.375 in. Was casing pulled? Yes X No ___ If yes, how much? 20'
Casing height above or below land surface Unknown in. Well not overdrilled per variance by KDHE, BOW

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other	Soils/Gravel
Grout Plug Intervals	From 20.0 ft. to 3.0 ft.	From 3.0 ft. to 0.0 ft.	From ___ ft. to ___ ft.	From ___ ft. to ___ ft.	

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|--------------------------|--------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage (former) | 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? **Northwest** How many feet? **200**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Gravel and compacted soils
3.0	20.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 08/10/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 08/15/05 under the business name of Quad State Services, Inc. by (signature) <i>[Signature]</i>

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.