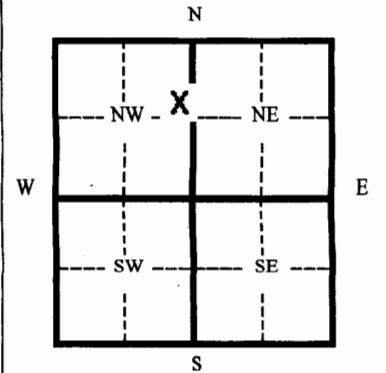


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Hamilton SE ¼ NE ¼ NW ¼	7	24	40-West

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**
 RR#, St. Address, Box # **304 N. Barber Street** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Syracuse, Kansas 67878** Application Number:

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



4 DEPTH OF WELL **20.0** ft.
 WELL'S STATIC WATER LEVEL **14.19** 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.
 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? **95**

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) *[Signature]*

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.