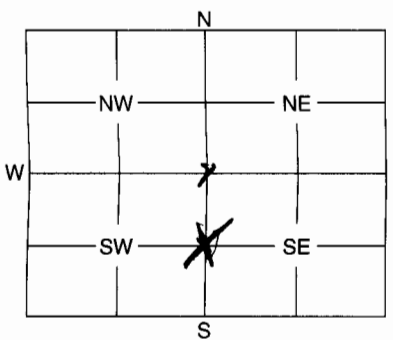


1	LOCATION OF WATER WELL: County: <u>Hamilton</u>	Fraction <u>1/4 SE 1/4</u>	Section Number <u>22</u>	Township Number <u>25</u>	Range Number <u>41</u> E/W
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Tim Haslett  
 RR #, St. Address, Box #: \_\_\_\_\_  
 City, State, ZIP Code: Syracuse KS  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL ..... <u>358</u> ..... ft. WELL'S STATIC WATER LEVEL ..... <u>0</u> ..... ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other ..... 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 .....
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5 TYPE OF BLANK CASING USED:  
 1 Steel  
 2 PVC  
 3 RMP (SR)  
 4 ABS  
 5 Wrought  
 6 Asbestos-Cement  
 7 Fiberglass  
 8 Concrete Tile  
 9 Other (Specify below) .....  
 Blank casing diameter ..... 6 ..... in. Was casing pulled? Yes ..... No  ..... If yes, how much .....  
 Casing height above or below land surface ..... 48 ..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Plug Intervals: From ..... ft. to ..... ft., From 4 ft. to 6 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? ..... W ..... How many feet? ..... 2000 .....

FROM	TO	PLUGGING MATERIALS
<u>358</u>	<u>6</u>	<u>Clay</u>
<u>4</u>	<u>6</u>	<u>BENTONITE</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 4/15/09 ..... 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) Tim Haslett .....

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.