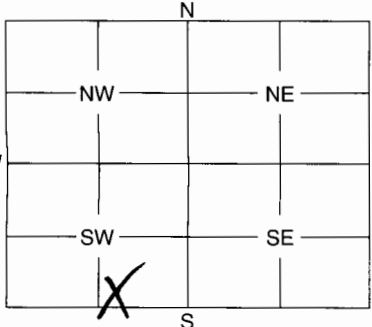


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>SEDGWICK</u>	<u>SW 1/4 SE 1/4 SW 1/4</u>	<u>34</u>	<u>T28S</u>	<u>R2W E/W</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>100 ft west of 16308 W 71st Street Clearwater KS 67026</u>																																
2	WATER WELL OWNER: <u>Herman Seiter</u> <u>16707 W 71st S.</u> RR #, St. Address, Box #: <u>Clearwater KS 67026</u> City, State, ZIP Code : <u>Clearwater KS 67026</u>																															
Board of Agriculture, Division of Water Resources Application Number: <u>Unknown</u>																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF WELL <u>30</u> ft. WELL'S STATIC WATER LEVEL <u> </u> ft. 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 <u> </u>																													
Was a chemical / bacteriological sample submitted to Department? Yes <u> </u> No <u>X</u> If yes, mo/day/yr sample was submitted <u> </u> Water Well Disinfected: Yes <u>X</u> No <u> </u>																																
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) <u> </u> Blank casing diameter <u>3 1/2</u> in. Was casing pulled? Yes <u>X</u> No <u> </u> If yes, how much <u> </u> Casing height above or below land surface <u>3 ft</u> in.																															
6	GROUT PLUG MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other <u> </u> Grout Plug Intervals: From <u>17</u> ft. to <u>15</u> ft., From <u> </u> ft. to <u> </u> ft., From <u> </u> to <u> </u> 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) <u>well was abandoned</u> Direction from well? <u> </u> How many feet? <u> </u>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>2</u></td> <td><u>0</u></td> <td><u>Topsoil</u></td> </tr> <tr> <td><u>15</u></td> <td><u>2</u></td> <td><u>Road Gravel/Fill Sand</u></td> </tr> <tr> <td><u>17</u></td> <td><u>15</u></td> <td><u>Cement</u></td> </tr> <tr> <td><u>Bottom</u></td> <td><u>15</u></td> <td><u>Sand/bleach</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>2</u>	<u>0</u>	<u>Topsoil</u>	<u>15</u>	<u>2</u>	<u>Road Gravel/Fill Sand</u>	<u>17</u>	<u>15</u>	<u>Cement</u>	<u>Bottom</u>	<u>15</u>	<u>Sand/bleach</u>												
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/06/06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4110/06</u> This Water Well Record was completed on (mo/day/year) <u>4/10/06</u> under the business name of <u> </u> by (signature) <u>Herman Seiter</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 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.																																