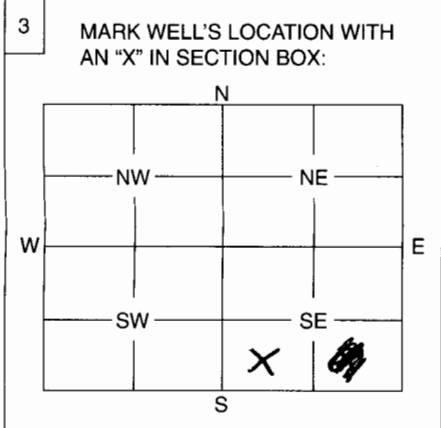


1	LOCATION OF WATER WELL:	Fraction <del>SE</del> NE 1/4 SW 1/4 SE 1/4	Section Number 10	Township Number 2	Range Number 5	EW
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: Dennis Martin  
 RR #, St. Address, Box #: 2849 22nd Rd  
 City, State, ZIP Code : Hanover KS 66945  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL ..... 100 ft.  
 WELL'S STATIC WATER LEVEL ..... 70 ft.  
 WELL WAS USED AS:  
 Domestic      5 Public Water Supply      9 Dewatering  
 Irrigation      6 Oil Field Water Supply      10 Monitoring Well  
 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well  
 Industrial      8 Air Conditioning      12 Other .....

Was a chemical / bacteriological sample submitted to Department? Yes ..... No   
 If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes  No .....

5 TYPE OF BLANK CASING USED:  
 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)  
 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile .....

Blank casing diameter ..... in.      Was casing pulled? Yes ..... No  If yes, how much .....

Casing height above or below land surface ..... 36 below in.

6 GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout       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:  
 Septic tank      6 Seepage pit       Fuel storage      16 Other (specify below)  
 Sewer lines      7 Pit privy      12 Fertilizer storage .....

Direction from well? ..... SE ..... How many feet? ..... 400 .....

FROM	TO	PLUGGING MATERIALS
<del>31</del>	<del>6'</del>	<del>Bentonite</del>
100	69	sand
69	6	clay subsoil compacted
6	3	bentonite
3	0	subsoil and topsoil

**Original Returned to Sender  
 for Correction Date: 12/22/10**

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-1-10 ..... 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) Dennis Martin

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.