

| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------------|--------------------------|-------------------------|---------------|---------------|--------------------------|--------------------------|-------------------------|--------------------------|-----------------------|-------------------|--------------------------|-----------------|------------------------|-----------------|-----------------|--|-------------------------|--|-------------|-------------------|----------------------|--|--|--|--|--|--|--|--|
| County: <u>Kingman</u> | <u>NN¹/₄ SE¹/₄ SE¹/₄</u> | <u>27</u> | <u>305</u> | <u>10 W</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? <u>3 South, 1 3/4 miles East of Marshall, Mo.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: <u>Twyla Day</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR#, St. Address, Box #: <u>1036 E. Little Back River Rd.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, ZIP Code : <u>Hampton Virginia 23661</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Board of Agriculture, Division of Water Resources Application Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N | | 4 DEPTH OF WELL..... <u>56</u> ..ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; text-align: center;"> <tr><td colspan="2">N</td><td colspan="2">E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td><td>E</td></tr> </table> | | N | | E | | W | | | E | | | | | S | | | E | WELL'S STATIC WATER LEVEL..... <u>23</u> ..ft. | | | | | | | | | | | | | |
| | | N | | E | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| S | | | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WELL WAS USED AS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 Industrial | 8 Air Conditioning | 12 Other..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes....No <u>X</u> . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, mo/day/yr sample was submitted..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water Well Disinfected: Yes..... No <u>X</u> ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> | | | | | 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) | 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | | | | | | | | | | | | | | | | | | |
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| Blank casing diameter..... <u>16</u> ..in. Was casing pulled? Yes..... No <u>X</u> ... If yes, how much..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Casing height above or below land surface..... <u>22</u> ..in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grout Plug Intervals: From <u>20</u> .ft. to <u>40</u> .ft., From.....ft. toft., From..... to.....ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Direction from well? <u>S.E.</u> How many feet? <u>3 1/2</u> mile.... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-10-94</u> 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) <u>6-30-94</u> under the business name of by (signature) <u>Michael Hagmann Jr.</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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |