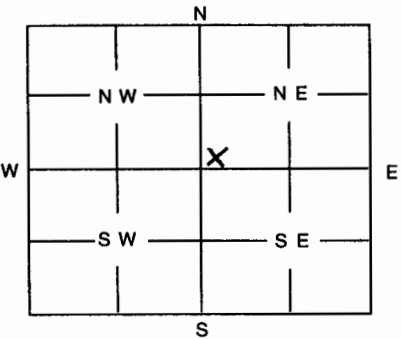


1 LOCATION OF WATER WELL: Fraction **(A-1)** **SW SW NE** Section Number **33** Township Number **31S** Range Number **29W**  
 County: **Meade**

Distance and direction from nearest town or city street address of well if located within city?  
**7 Miles West & 1 Mile North of Meade**

2 WATER WELL OWNER: **John Borth**  
 RR #, St. Address, Box #: **10211 L.Rt.** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Plains, KS 67869** Application Number:

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


4 DEPTH OF WELL ..... **168** ft  
 WELL'S STATIC WATER LEVEL ..... **167** 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 Domestic (Lawn & Garden)       11 Injection Well  
 4 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:  
 1 Steel       3 RMP (SR)       5 Wrought       7 Fiberglass       9 Other (Specify below)  
 2 PVC       4 ABS       6 Asbestos-Cement       8 Concrete Tile .....

Blank casing diameter ..... **4** in.      Was casing pulled? Yes ..... No       If yes, how much .....

Casing height above or below land surface ..... **60** in.

6 GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout       3 Bentonite      4 Other .....

Grout Plug Intervals:      From ..... ft. to ..... ft.,      From ..... ft. to ..... ft.,      From ..... to ..... ft.

What is the nearest source of possible contamination:  
 1 Septic tank       6 Seepage pit       11 Fuel storage       16 Other (specify below) **Fish Pond**  
 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? ..... **South**      How many feet? ..... **150**

FROM	TO	PLUGGING MATERIALS
168	167	Chlorinated Sand
167	10	Clay/Subsoil
10	5	Bentonite
5	-	Cut-off Casing & Backfill

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... **8-19-02** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... **8-19-02** ..... under the business name of ..... **Southwest Windmill** ..... This Water Well Record was completed on (mo/day/year) .....  
 by (signature) ..... **David [unclear]** .....

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.