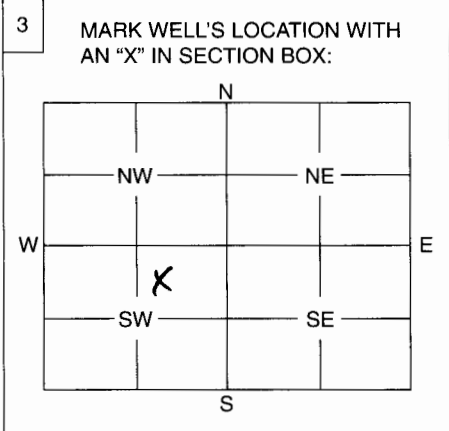


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: HARPER	SW ¼ ¼ ¼	6	35	9

Distance and direction from nearest town or city street address of well if located within city?
~9 mi E of KIOWA 37° 01.694' / 98° 20.442'

2	WATER WELL OWNER: MARK SCHROCK SIZI VISTA ACRES	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: MANHATTAN KS	Application Number:



4	DEPTH OF WELL 35 ft.
	WELL'S STATIC WATER LEVEL 9 ft.
	WELL WAS USED AS:
	<input checked="" type="radio"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="radio"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="radio"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="radio"/> 4 Industrial 8 Air Conditioning 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

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 RED BRICK (DUG WELL)
	Blank casing diameter ~72 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No
	Casing height above or below land surface ~24 in. If yes, how much ~7'

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
	Grout Plug Intervals: From 5 ft. to 4.5 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) 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? WEST How many feet? 200

FROM	TO	PLUGGING MATERIALS
35	7	SAND
7	5	SOIL
5	4.5	BENTONITE
4.5	0	SOIL

RECEIVED
 SEP 03 2004
 BUREAU OF WATER

7	CONTRACTOR'S OF LANDOWNERS CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/24/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. DONE This Water Well Record was completed on (mo/day/year) 9/2/04 under the business name of by (signature) Mark Schrock
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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.