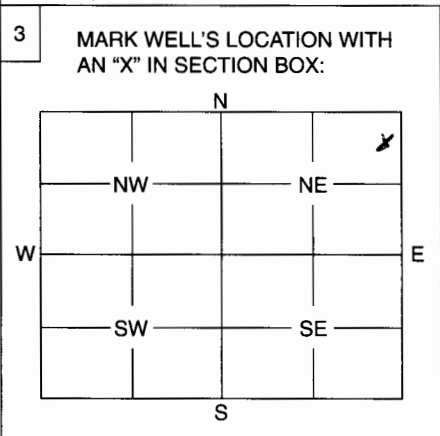


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Mitchell</u>	<u>NE 1/4 SE 1/4 NE 1/4</u>	<u>35</u>	<u>6</u>	<u>9</u> E/W

Distance and direction from nearest town or city street address of well if located within city?  
Approximately 1 mile East and 1 mile South of Glen Elder

2 WATER WELL OWNER: City of Glen Elder  
213 S. Market Box 55  
 RR #, St. Address, Box #: Glen Elder, KS 67446  
 City, State, ZIP Code: Glen Elder, KS 67446

Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL ..... 50 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 16 ..... ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<u>10 Monitoring Well</u>
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)
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	.....

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

Casing height above or below land surface ..... 29 ..... in.

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

GROUT PLUG INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From 50 ..... to 0 ..... 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	<u>None Known</u>
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

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

FROM	TO	PLUGGING MATERIALS

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-15-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 12-6-07 This Water Well Record was completed on (mo/day/year) 5-15-07 under the business name of ..... by (signature) Edwin Schaper

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.