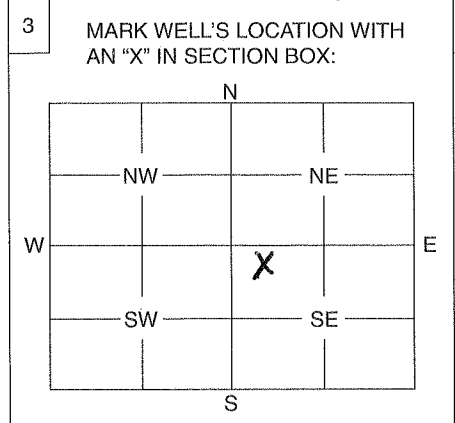


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>MITCHELL</u>	<u>NW 1/4 NW 1/4 SE 1/4</u>	<u>10</u>	<u>T-7-S</u>	<u>R-7-W E/W</u>

Distance and direction from nearest town or city street address of well if located within city?  
SOUTH OF COUNTRY CLUB RD + EAST OF HALLIE TRAIL AT BELOIT KS

2 WATER WELL OWNER: AGCO  
 RR #, St. Address, Box #: 3154 HALLIE TRL.  
 City, State, ZIP Code : BELOIT KS 67420  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_



4 DEPTH OF WELL ..... 53 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 49 ..... 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 ..... 60 ..... in.      Was casing pulled? Yes ..... No  .....  
 Casing height above or below land surface ..... 60 ..... in.      If yes, how much .....

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

Grout Plug Intervals:      From 53 ft. to 4 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? ..... NORTH .....      How many feet? ..... 100 .....

FROM	TO	PLUGGING MATERIALS
<u>53</u>	<u>4</u>	<u>BENTONITE</u>
<u>4</u>	<u>0</u>	<u>TOP SOIL</u>

GPS INFORMATION  
+39.458001 - LATITUDE  
-98.085271 - LONGITUDE  
GPS UNIT  
DROID RAZER M.  
EST ACCURACY 5-15M

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/09/2013 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 647 This Water Well Record was completed on (mo/day/year) 10/14/2013 under the business name of MEL'S PUMP AND PLUMBING, INC. by (signature) Melvin M Anderson

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.