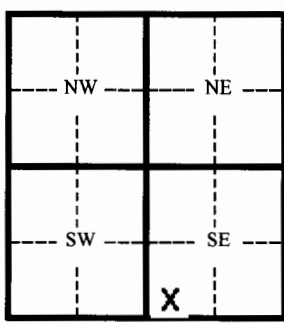


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Pottawatomie</b>	<b>SW ¼ SW ¼ SE ¼</b>	<b>4</b>	<b>10</b>	<b>10-East</b>

Distance and direction from nearest town or city street address of well if located within city?

**530 Lincoln Street, Wamego, Kansas**

2 WATER WELL OWNER: <b>Home Oil Company</b>	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # <b>P.O. Box 196</b>	
City, State, ZIP Code : <b>Wamego, Kansas 66547</b>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>38.0</b> ft.												
	WELL'S STATIC WATER LEVEL <b>31.15</b> ft.												
	WELL WAS USED AS:												
	<table><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td><input checked="" type="radio"/> 10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr></table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
	1 Domestic	5 Public Water Supply	9 Dewatering										
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well											
3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well											
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 ___ No <input checked="" type="checkbox"/>												

5 TYPE OF BLANK CASING USED:										
<table><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><input checked="" type="radio"/> 2 PVC</td><td>4 ABC</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)	<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)						
<input checked="" type="radio"/> 2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile							
Blank casing diameter <b>2.375</b> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ___ If yes, how much? <b>38.0'</b>										
Casing height above or below land surface <b>Unknown</b> in. <b>Well overdrilled to 20'</b>										

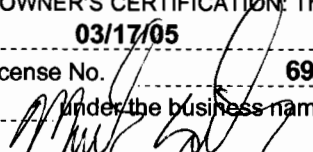
6 GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input checked="" type="radio"/> 4 Other
Grout Plug Intervals From <b>0.0</b> ft. to <b>1.0</b> ft. From <b>1.0</b> ft. to <b>20.0</b> ft. From ___ ft. to ___ ft.

What is the nearest source of possible contamination:

- |                          |                   |  |                          |
|--------------------------|-------------------|--|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | <input checked="" type="radio"/> 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? **Northwest** How many feet? **230**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Concrete
1.0	20.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>03/17/05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>04/04/05</b> under the business name of <b>Quad State Services, Inc.</b> by (signature) 
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.