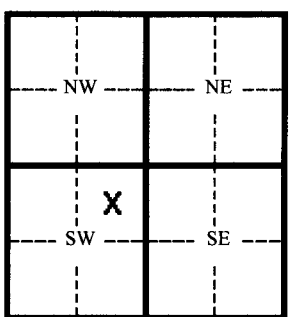


| | | | | |
|---------------------------|-----------------------------|----------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Shawnee | NE 1/4 NE 1/4 SW 1/4 | 31 | 11 | 16-East |

Distance and direction from nearest town or city street address of well if located within city?
801 SW Topeka Avenue, Topeka, Kansas

2 WATER WELL OWNER: **Kwik Shop, Inc.**
 RR#, St. Address, Box # **P.O. Box 1927**
 City, State, ZIP Code : **Hutchinson, Kansas 67504-1927**
 Board of Agriculture, Division of Water Resources
 Application Number:

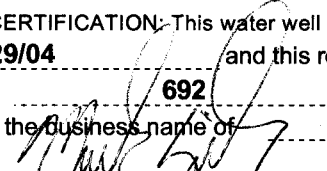
| | |
|--|---|
| 3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:  | 4 DEPTH OF WELL 7.5 ft. WELL'S STATIC WATER LEVEL Dry ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Observation Well Was a chemical/bacteriological sample submitted to Department? Yes ___ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ___ No X |
|--|---|

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 **PVC** 4 ABC 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter **2.375** in. Was casing pulled? Yes **X** No ___ If yes, how much? **7.5'**
 Casing height above or below land surface **Unknown** in. **Overdrilled well to 7.5'**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 Other **Concrete**
 Grout Plug Intervals From **7.5** ft. to **1.0** ft. From **1.0** ft. to **0.0** ft. From ___ ft. to ___ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 **Fuel storage (Former)** 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? **Northeast** How many feet? **20**

| FROM | TO | CODE | PLUGGING MATERIALS |
|------|-----|------|------------------------|
| 0.0 | 1.0 | | Concrete |
| 1.0 | 7.5 | | Bentonite chips |
| | | | |
| | | | |
| | | | |
| | | | |

RECEIVED
NOV 09 2004
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **10/29/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **11/01/04** under the business name of **Quad State Services, Inc.**
 by (signature) 

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.