

| | | | |
|---|----------------|-----------------|----------------|
| 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 |

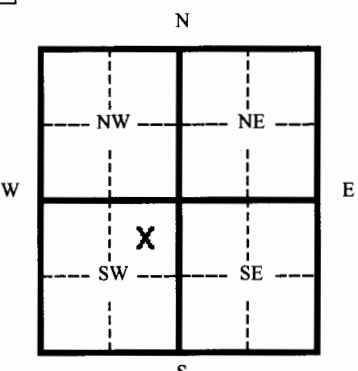
Distance and direction from nearest town or city street address of well if located within city?

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 LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL **10.75** ft.
 WELL'S STATIC WATER LEVEL **8.03** 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 Lawn and Garden (domestic) | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | <input checked="" type="radio"/> 12 Other Product Recovery Well |

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) |
| <input checked="" type="radio"/> 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter **5.50** in. Was casing pulled? Yes No ___ If yes, how much? **2'**
 Casing height above or below land surface **Unknown** in. **Overdrilled well to 10.75'**

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

Grout Plug Intervals From **10.75** 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 | <input checked="" type="radio"/> 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? **East** How many feet? **15**

| FROM | TO | CODE | PLUGGING MATERIALS |
|------|-------|------|--------------------|
| 0.0 | 1.0 | | Concrete |
| 1.0 | 10.75 | | 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) *[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.