

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: Wyandotte	NE 1/4 SE 1/4 NW 1/4	5	11	24E																								
Distance and direction from nearest town or city, street address of well if located within city?																													
1700 North 82nd Street Kansas City, KS. 66112																													
2	WATER WELL OWNER: Pemberton Senior Living, LP																												
RR#, St. Address, Box #: 815 S. Clairborne Suite 150 City, State, ZIP Code : Olathe, KS. 66062																													
Board of Agriculture, Division of Water Resources Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL.....22.....ft.																									
N			WELL'S STATIC WATER LEVEL.....6.....ft.																										
<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td>N</td><td>W</td><td>X</td><td>N</td><td>E</td></tr><tr><td>W</td><td></td><td></td><td></td><td>E</td></tr><tr><td>S</td><td>W</td><td></td><td>S</td><td>E</td></tr></table>						N	W	X	N	E	W				E	S	W		S	E		WELL WAS USED AS:							
N	W	X	N	E																									
W				E																									
S	W		S	E																									
S			1 Domestic		5 Public Water Supply																								
			2 Irrigation		6 Oil Field Water Supply																								
			3 Feedlot		7 Lawn and Garden Only																								
			4 Industrial		8 Air Conditioning																								
			9 Dewatering		10 Monitoring Well																								
					11 Injection Well																								
					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 10 Rock lined																													
Blank casing diameter.....36.....in. Was casing pulled? Yes.....No.....																													
Casing height above or below land surface.....60.....in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....																												
Grout Plug Intervals: From.....6.....ft. to.....5.....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? ..E..... How many feet? ..50.....																													
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....2-21-11..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 561..... This Water Well Record was completed on (mo/day/year).....2-21-11..... under the business name of Evans Engineering Inc. by (signature).....																												

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.