

| | | | |
|---|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: Fraction | Section Number | Township Number | Range Number |
| County: Geary SE 1/4 SE 1/4 SE 1/4 | 3 | 11S | 5E |

Distance and direction from nearest town or city street address of well if located within city?
370 Grant Avenue, Junction City

2 WATER WELL OWNER: **ATOFINA Petrochemicals, Inc.**
 RR#, St. Address, Box # **P.O. Box 674411** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Houston, Texas 77267-4411** Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

| | | | |
|---|----|----|---|
| N | | | E |
| X | NW | NE | |
| W | | | |
| | SW | SE | |
| | | | X |
| | | | S |

4 DEPTH OF WELL **30** ft.
 WELL'S STATIC WATER LEVEL **Unknown** 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 12 Other _____

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 **4** in. Was casing pulled? Yes **X** No ___ If yes, how much **30 ft. (including screen)**
 Casing height above or below land surface **0** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____
 Grout Plug Intervals From **0.5** ft. to **30** ft. From _____ ft. to _____ ft. From _____ ft. 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? **SW** How many feet? **70**

| FROM | TO | CODE | PLUGGING MATERIALS |
|------|-----|------|----------------------------|
| 0 | 0.5 | | Compacted clay or concrete |
| 0.5 | 30 | | Bentonite |
| | | | |
| | | | |
| | | | |
| | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **11/8/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **616** This Water Well Record was completed on (mo/day/yr) **1/25/05** under the business name of **Thiele Geotech, Inc.**
 by (signature) *D. J. Aul*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.