

| 1   | LOCATION OF WATER WELL:  | Fraction                    | Section Number                           | Township Number         | Range Number |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
|---|--|-----------------------------|--|-------------------------|--------------|---------------|--------------------------|--------------------|--------------------------|-------------------------|-------------------|-----------------------|--------------------|-------------------------------------|-----------------|------------------------|-------------|--|------------|-------------------------|--|-------------|-------------------|----------------------|--|--|--|--|--|
|   | County: <b>SHAWNEE</b>   | <b>SE 1/4 SW 1/4 SW 1/4</b> | <b>4</b>                                 | <b>12S</b>              | <b>15E</b>   |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>5800 S.W. 21st. Terrace Topeka, KS</b>  |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2   | WATER WELL OWNER: <b>Topeka Veterinary Hospital</b>  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
|   | <div style="display: flex; justify-content: space-between;"> <div> RR#, St. Address, Box #: <b>A.G. Hazard</b><br/> City, State, ZIP Code : <b>5800 S.W. 21st.</b><br/> <b>Topeka, KS 66604</b> </div> <div> Board of Agriculture, Division of Water Resources<br/> Application Number: </div> </div>  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3   | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N  |                             | 4 DEPTH OF WELL..... <b>51'</b> .....ft. |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N</td><td colspan="2">E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td colspan="2">S</td><td colspan="2">E</td></tr> <tr><td colspan="2">X</td><td colspan="2"></td></tr> </table>   |  | N                           |  | E                       |              | W             |                          |                    | E                        | S                       |                   | E                     |                    | X                                   |                 |                        |             | WELL'S STATIC WATER LEVEL... <b>14'</b> .....ft. |            |                         |  |             |                   |                      |  |  |  |  |  |
|   |  | N                           |  | E                       |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
|   |  | W                           |  |                         | E            |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
|   |  | S                           |  | E                       |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| X   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| WELL WAS USED AS:   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| <table style="width:100%;"> <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>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</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 | 10 Monitoring Well | 3 Feedlot                | 7 Lawn and Garden Only  | 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   | 10 Monitoring Well          |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3 Feedlot   | 7 Lawn and Garden Only   | 11 Injection Well           |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 4 Industrial  | 8 Air Conditioning   | 12 Other.....               |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes....No. <b>X</b> ..   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| If yes, mo/day/yr sample was submitted.....   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| Water Well Disinfected: Yes... <b>X</b> . No.....   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 5   | TYPE OF BLANK CASING USED:   |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| <table style="width:100%;"> <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>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td><b>Brick</b></td> </tr> </table>   |  |                             |  |                         |              | 1 Steel       | 3 RMP (SR)               | 5 Wrought          | 7 Fiberglass             | 9 Other (specify below) | 2 PVC             | 4 ABS                 | 6 Asbestos-Cement  | 8 Concrete Tile                     | <b>Brick</b>    |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 1 Steel   | 3 RMP (SR)   | 5 Wrought                   | 7 Fiberglass                             | 9 Other (specify below) |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2 PVC   | 4 ABS  | 6 Asbestos-Cement           | 8 Concrete Tile                          | <b>Brick</b>            |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| Blank casing diameter.....in. Was casing pulled? Yes..... No..... If yes, how much.....   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| Casing height above or below land surface..... <b>60</b> .....in. <b>Brick Removed</b>  |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 6   | GROUT PLUG MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other.....  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| Grout Plug Intervals: From... <b>3</b> ..ft. to... <b>5</b> ..ft., From.....ft. to .....ft., From..... to.....ft.   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| What is the nearest source of possible contamination:   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
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| 1 Septic tank   | 6 Seepage pit  | 11 Fuel storage             | 16 Other (specify below)                 |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2 Sewer lines   | 7 Pit privy  | 12 Fertilizer storage       |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3 <del>Watertight sewer lines</del>   | 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? .... <b>East</b> ..... How many feet? ... <b>50'</b> .....   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
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| FROM  | TO   | PLUGGING MATERIALS          |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 0   | 3  | Silt & Clay                 |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3   | 5  | Cement Grout                |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 5   | 12   | Silt & Clay                 |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 12  | 50   | Sand                        |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
|   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
|   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
|   |  |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |
| 7   | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).... <b>1/29/98</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>182</b> ..... This Water Well Record was completed on (mo/day/year).... <b>1/30/98</b> ..... Under the business name of ... <b>STRADER DRILLING CO., INC.</b> ..... by (signature) ..... <i>Dale Strader</i> ..... |                             |  |                         |              |               |                          |                    |                          |                         |                   |                       |                    |                                     |                 |                        |             |  |            |                         |  |             |                   |                      |  |  |  |  |  |

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.