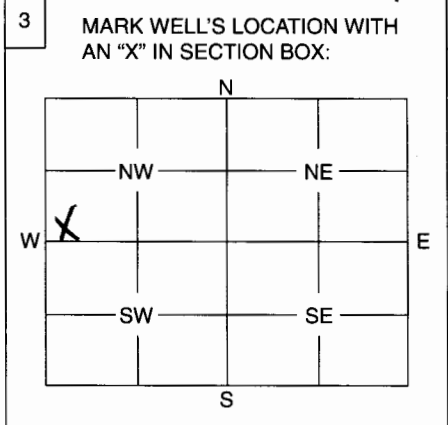


1 LOCATION OF WATER WELL: Fraction SW SW NW Section Number 5 Township Number 12 Range Number 16
 County: Shawnee EW

Distance and direction from nearest town or city street address of well if located within city?
800 SE 15th Street, Topeka KS

2 WATER WELL OWNER: MRV INC.
 RR #, St. Address, Box #: 3501 SW Fairlawn, Suite 200 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Topeka KS 66614 Application Number:



4 DEPTH OF WELL 30 ft.
 WELL'S STATIC WATER LEVEL 18.87 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 Domestic (Lawn & Garden) 11 Injection Well
 4 Industrial 8 Air Conditioning 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
 Blank casing diameter in. Was casing pulled? Yes No If yes, how much 0.5 ft
 Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil 0-3'
 Grout Plug Intervals: From 3 ft. to 20 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? How many feet?

FROM	TO	PLUGGING MATERIALS
0	3	soil
3	20	bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-13-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 151 This Water Well Record was completed on (mo/day/year) 11-7-06 under the business name of Larsen + Associates 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.