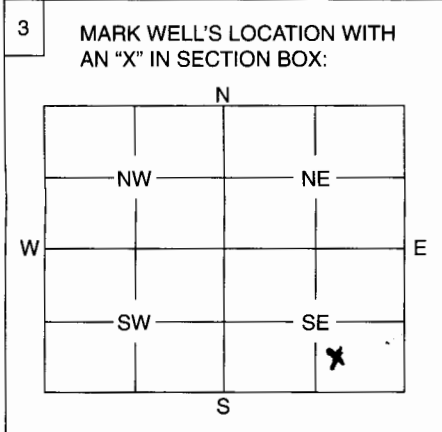


|                           |                             |                |                 |   |
|---------------------------|-----------------------------|----------------|-----------------|---|
| 1 LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number  |
| County: <u>Dickinson</u>  | <u>NW 1/4 SE 1/4 SE 1/4</u> | <u>34</u>      | <u>12</u>       | <u>2</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span> |

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

2 WATER WELL OWNER: Michael Anderes  
 RR #, St. Address, Box #: 1083 2500 Ave.  
 City, State, ZIP Code : Abilene, KS 67410  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_



4 DEPTH OF WELL ..... 30 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 22 ..... 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 X  
 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) Rock lined  
 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile .....

Blank casing diameter 48 in.      Was casing pulled? Yes ..... No X ..... If yes, how much .....

Casing height above or below land surface ..... in.

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

Grout Plug Intervals: From ~~.....~~ ft. to 0 ft., From 5 ft. to 4.5 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 .....

Direction from well? SW ..... How many feet? 20' .....

| FROM             | TO         | PLUGGING MATERIALS  |
|------------------|------------|---------------------|
| <del>.....</del> |            |                     |
| <u>30'</u>       | <u>8'</u>  | <u>Course sand</u>  |
| <u>8'</u>        | <u>5'</u>  | <u>Clay/subsoil</u> |
| <u>5'</u>        | <u>4.5</u> | <u>Bentonite</u>    |
| <u>4.5'</u>      | <u>0</u>   | <u>Topsoil</u>      |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/24/2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 8/2/2010 This Water Well Record was completed on (mo/day/year) ..... under the business name of ..... by (signature) Michael Anderes

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.