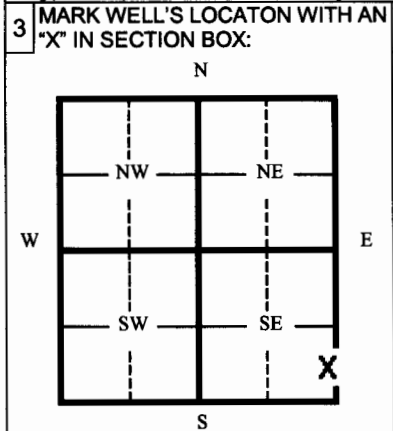


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Douglas	NE 1/4 SE 1/4 SE 1/4	7	13	20-East

Distance and direction from nearest town or city street address of well if located within city?
2911 Haskell Avenue, Lawrence, Kansas

2 WATER WELL OWNER: **Capital City Oil, Inc.**
 RR#, St. Address, Box # **P.O. Box 618**
 City, State, ZIP Code : **Topeka, Kansas 66607**

Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL **30.0** ft.
 WELL'S STATIC WATER LEVEL **9.97** 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 **2.375** in. Was casing pulled? Yes **X** No ___ If yes, how much? **30.0'**
 Casing height above or below land surface **Unknown** in. **Overdrilled well to 20'**

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

Grout Plug Intervals From **30.0** ft. to **3.0** ft. From **3.0** ft. to **0.0** 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? **South** How many feet? **130**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Soils
3.0	30.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **06/15/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **06/18/06** under the business name of **Quad State Services, Inc.**
 by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.