

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                         | Fraction                                                                               | Section Number                                                           | Township Number               | Range Number        |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|---------------------|-------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------------|----------|----------|--------------------|----------|-----------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | County: <u>Johnson</u>                                                                                                                                                                                                                                                                                                                                                                                                          | <u>SE SW SE</u>                                                                        | <u>35</u>                                                                | <u>13</u>                     | <u>23</u> <u>EW</u> |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>020 S. KANSAS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WATER WELL OWNER: <u>C+C INC.</u>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #:<br>City, State, ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | Board of Agriculture, Division of Water Resources<br>Application Number: |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>PO BOX 877</u><br><u>DIATHO, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        | <u>MW3</u>                                                               |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | 4                                                                        | DEPTH OF WELL <u>15.5</u> ft. |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"> <tr><td style="width:25%; text-align: center;">NW</td><td style="width:25%; text-align: center;">NE</td></tr> <tr><td style="width:25%; text-align: center;">SW</td><td style="width:25%; text-align: center;">SE</td></tr> </table> <div style="text-align: center;">S</div>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                 | NW                                                                                     | NE                                                                       | SW                            | SE                  | WELL'S STATIC WATER LEVEL ..... ft. |    | WELL WAS USED AS:<br><br><div style="display: flex; justify-content: space-between;"> <div> 1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial </div> <div> 5 Public Water Supply<br/>6 Oil Field Water Supply<br/>7 Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning </div> <div> 9 Dewatering<br/>10 Monitoring Well<br/>11 Injection Well<br/>12 Other ..... </div> </div> |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 | NW                                                                                     | NE                                                                       |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 | SW                                                                                     | SE                                                                       |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| If yes, mo/day/yr sample was submitted .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Water Well Disinfected: Yes ..... No <u>X</u>                                          |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Steel<br/>2 PVC </div> <div> 3 RMP (SR)<br/>4 ABS </div> <div> 5 Wrought<br/>6 Asbestos-Cement </div> <div> 7 Fiberglass<br/>8 Concrete Tile </div> <div> 9 Other (Specify below) </div> </div>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No ..... If yes, how much <u>10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above or below land surface <u>0</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other .....                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals: From <u>3</u> ft. to <u>17</u> ft., From ..... ft. to ..... ft., From ..... to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank<br/>2 Sewer lines<br/>3 Watertight sewer lines<br/>4 Lateral lines<br/>5 Cess pool </div> <div> 6 Seepage pit<br/>7 Pit privy<br/>8 Sewage lagoon<br/>9 Feedyard<br/>10 Livestock pens </div> <div> <u>11</u> Fuel storage<br/>12 Fertilizer storage<br/>13 Insecticide storage<br/>14 Abandoned water well<br/>15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? ..... How many feet? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>1</u></td> <td><u>Concrete</u></td> </tr> <tr> <td><u>1</u></td> <td><u>3</u></td> <td><u>Ben to Soil</u></td> </tr> <tr> <td><u>3</u></td> <td><u>17</u></td> <td><u>Bentonite</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     | FROM                                | TO | PLUGGING MATERIALS                                                                                                                                                                                                                                                                                                                                                                       | <u>0</u> | <u>1</u> | <u>Concrete</u> | <u>1</u> | <u>3</u> | <u>Ben to Soil</u> | <u>3</u> | <u>17</u> | <u>Bentonite</u> |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TO                                                                                                                                                                                                                                                                                                                                                                                                                              | PLUGGING MATERIALS                                                                     |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Concrete</u>                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Ben to Soil</u>                                                                     |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>17</u>                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Bentonite</u>                                                                       |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/21/16</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> This Water Well Record was completed on (mo/day/year) <u>8/2/16</u> under the business name of <u>Larsen Associates</u><br>by (signature) <u>Kelly Ann</u> |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                                          |                               |                     |                                     |    |                                                                                                                                                                                                                                                                                                                                                                                          |          |          |                 |          |          |                    |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |