

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                        | Fraction                                                                 | Section Number | Township Number             | Range Number                |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------|-----------------------------|-----------------------------|------|----|--------------------|----------|----------|-----------------|----------|----------|-------------|----------|-----------|------------------|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | County: <u>Johnson</u>                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>SW SE SW</u>                                                          | <u>24</u>      | <u>14 S</u>                 | <u>22</u> <small>EA</small> |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>404 E. Main, Gardner, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WATER WELL OWNER: <u>Marty Powell</u>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | MW4            |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #:<br>City, State, ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                | Board of Agriculture, Division of Water Resources<br>Application Number: |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>404 E. Main</u><br><u>Gardner, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | 4              | DEPTH OF WELL <u>15</u> ft. |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr><td style="width: 33%;">NW</td><td style="width: 33%;">NE</td><td style="width: 33%;"></td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>W</td><td> </td><td>E</td></tr> <tr><td>SW</td><td>SE</td><td> </td></tr> <tr><td style="text-align: center;">X</td><td> </td><td> </td></tr> <tr><td colspan="3" style="text-align: center;">S</td></tr> </table>                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                | NW                                                                       | NE             |                             |                             |      |    | W                  |          | E        | SW              | SE       |          | X           |          |           | S                |  |  | WELL'S STATIC WATER LEVEL _____ ft. |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                | NW                                                                       | NE             |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                | W                                                                        |                | E                           |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SE                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| WELL WAS USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Domestic                      5 Public Water Supply                      9 Dewatering<br>2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring Well<br>3 Feedlot                      7 Domestic (Lawn & Garden)                      11 Injection Well<br>4 Industrial                      8 Air Conditioning                      12 Other _____                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u><br>If yes, mo/day/yr sample was submitted _____<br><br>Water Well Disinfected: Yes _____ No <u>X</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel                      3 RMP (SR)                      5 Wrought                      7 Fiberglass                      9 Other (Specify below)<br><u>2</u> PVC                      4 ABS                      6 Asbestos-Cement                      8 Concrete Tile                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <u>2</u> in.                      Was casing pulled? Yes <u>X</u> No _____                      If yes, how much <u>15</u><br>Casing height above or below land surface _____ 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>15</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Septic tank                      6 Seepage pit <u>11</u> Fuel storage                      16 Other (specify below)<br>2 Sewer lines                      7 Pit privy                      12 Fertilizer storage<br>3 Watertight sewer lines                      8 Sewage lagoon                      13 Insecticide storage<br>4 Lateral lines                      9 Feedyard                      14 Abandoned water well<br>5 Cess pool                      10 Livestock pens                      15 Oil well/Gas well                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 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>Soil</u></td> </tr> <tr> <td><u>3</u></td> <td><u>15</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> <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>Soil</u> | <u>3</u> | <u>15</u> | <u>Bentonite</u> |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO                                                                                                                                                                                                                                                                                                                                                                                                                                             | PLUGGING MATERIALS                                                       |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Concrete</u>                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Soil</u>                                                              |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>15</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>11/29/05</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>12/1/05</u> under the business name of <u>Larsen &amp; Associates, Inc.</u><br>by (signature) <u>Kelly Gunn</u> |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| INSTRUCTIONS: Use typewriter or ballpoint 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.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                |                             |                             |      |    |                    |          |          |                 |          |          |             |          |           |                  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |