

| 1 LOCATION OF WATER WELL:<br>County: <u>MORRIS</u>   | Fraction<br><u>NW 1/4 NW 1/4 SE 1/4</u> | Section Number<br><u>33</u>                       | Township Number<br><u>17</u> | Range Number<br><u>9E</u> |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|--|---|---|------------------------------|---------------------------|----------------------|---------------|--------------------|--------------------------|---------------|---------------------------------------|-----------------------|--|--------------------------|-----------------|------------------------|-----|-----------------|------------|-------------------------|--|-------------|--|----------------------|--|-------------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|------------------------|-------------------|--------------|--------------------|---------------|
| Distance and direction from nearest town or city street address of well if located within city?<br><u>LOT 22 LAKE WAHOLA</u>   |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 WATER WELL OWNER: <u>ERIC JOHNSON FOR STEVE SAWYER</u>   |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| RR#, St. Address, Box #: <u>1816 ANTLER RDGE</u>   |   | Board of Agriculture, Division of Water Resources |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| City, State, ZIP Code: <u>EMPIRIA, KS 66801</u>  |   | Application Number: _____                         |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N<br><table border="1" style="width:100%; height: 150px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td>X</td><td></td><td></td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> <tr><td colspan="4">S</td></tr> </table>  |   | N W   |                              | N E                       |                      | W             |                    |                          | E             |                                       | X                     |  |                          | S W             |                        | S E |                 | S          |                         |  |             | 4 DEPTH OF WELL..... <u>50</u> .....ft.<br>WELL'S STATIC WATER LEVEL.. <u>5</u> .....ft.<br>WELL WAS USED AS:<br><table style="width:100%;"> <tr> <td><u>1 Domestic</u></td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes.... <u>Not</u> ...<br>If yes, mo/day/yr sample was submitted.....<br><br>Water Well Disinfected: Yes.. <u>X</u> ... No..... |                      |  | <u>1 Domestic</u> | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
| N W  |   | N E   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| W  |   |   | E                            |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  | X                                       |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| S W  |   | S E   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| S  |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>1 Domestic</u>  | 5 Public Water Supply                   | 9 Dewatering                                      |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 Irrigation   | 6 Oil Field Water Supply                | 10 Monitoring Well                                |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 Feedlot  | 7 Lawn and Garden Only                  | 11 Injection Well                                 |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 4 Industrial   | 8 Air Conditioning                      | 12 Other.....                                     |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below)<br>2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile    ..... <u>STOVE PIPE</u> .....<br><br>Blank casing diameter..... <u>6</u> ....in.    Was casing pulled? Yes..... No.. <u>X</u> ... If yes, how much.....<br>Casing height above or below land surface..... <u>36</u> .....in.  |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <u>3 Bentonite</u> 4 Other.....<br>Grout Plug Intervals: From..... <u>50</u> ....ft. to..... <u>0</u> ....ft., From.....ft. to.....ft., From..... to.....ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"> <tr> <td><u>1 Septic tank</u></td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table><br>Direction from well? ..... <u>WEST</u> .....    How many feet? ..... <u>~75</u> ..... |   |   |                              |                           | <u>1 Septic tank</u> | 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines | 7 Pit privy                           | 12 Fertilizer storage |  | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |     | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess Pool | 10 Livestock pens  | 15 Oil well/Gas well |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>1 Septic tank</u>   | 6 Seepage pit                           | 11 Fuel storage                                   | 16 Other (specify below)     |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 Sewer lines  | 7 Pit privy                             | 12 Fertilizer storage                             |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 Watertight sewer lines   | 8 Sewage lagoon                         | 13 Insecticide storage                            |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 4 Lateral lines  | 9 Feedyard                              | 14 Abandoned water well                           |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 5 Cess Pool  | 10 Livestock pens                       | 15 Oil well/Gas well                              |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <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>50</u></td> <td><u>3</u></td> <td><u>BENTONITE (9.8 ft<sup>3</sup>)</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> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>  |   |   |                              |                           | FROM                 | TO            | PLUGGING MATERIALS | <u>50</u>                | <u>3</u>      | <u>BENTONITE (9.8 ft<sup>3</sup>)</u> |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| FROM   | TO                                      | PLUGGING MATERIALS                                |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>50</u>  | <u>3</u>                                | <u>BENTONITE (9.8 ft<sup>3</sup>)</u>             |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |   |   |                              |                           |                      |               |                    |                          |               |                                       |                       |  |                          |                 |                        |     |                 |            |                         |  |             |  |                      |  |                   |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>12/2/92</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>585</u> ..... This Water Well Record was completed on (mo/day/year) ..... <u>12/16/92</u> ..... under the business name of ..... <u>A. S. SOX ENTERPRISES, INC.</u> ..... by (signature) ..... <u>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.