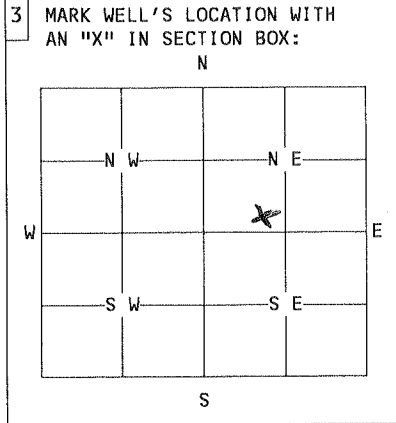


| | | | | | |
|---------|-------------------------|--|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: | Miami | SE ¹ / ₄ SW ¹ / ₄ NE ¹ / ₄ | 32 | 18 | 22E |

Distance and direction from nearest town or city street address of well if located within city?
 35720 W 379th St. Oswatimie, Ks. 66064

2 WATER WELL OWNER: 4 Way Investment - Paul Walters
 RR#, St. Address, Box #: 35720 W 379th St Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Oswatimie, Ks. 66064 Application Number:



4 DEPTH OF WELL... 83.....ft.
 WELL'S STATIC WATER LEVEL... 51.....ft.

WELL WAS USED AS:

| | | |
|---|--|--|
| <input checked="" type="radio"/> 1 Domestic | <input type="radio"/> 5 Public Water Supply | <input type="radio"/> 9 Dewatering |
| <input type="radio"/> 2 Irrigation | <input type="radio"/> 6 Oil Field Water Supply | <input type="radio"/> 10 Monitoring Well |
| <input type="radio"/> 3 Feedlot | <input type="radio"/> 7 Lawn and Garden Only | <input type="radio"/> 11 Injection Well |
| <input type="radio"/> 4 Industrial | <input type="radio"/> 8 Air Conditioning | <input type="radio"/> 12 Other..... |

Was a chemical/bacteriological sample submitted to Department? Yes... No ...
 If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes ... No.....

5 TYPE OF BLANK CASING USED:

| | | | | |
|--|----------------------------------|---|---------------------------------------|---|
| <input checked="" type="radio"/> 1 Steel | <input type="radio"/> 3 RMP (SR) | <input type="radio"/> 5 Wrought | <input type="radio"/> 7 Fiberglass | <input type="radio"/> 9 Other (specify below) |
| <input type="radio"/> 2 PVC | <input type="radio"/> 4 ABS | <input type="radio"/> 6 Asbestos-Cement | <input type="radio"/> 8 Concrete Tile | |

Blank casing diameter... 7.....in. Was casing pulled? Yes..... No ... If yes, how much.....
 Casing height above or below land surface... 6.....in.

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

Grout Plug Intervals: From 83..ft. to 0...ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

| | | | |
|--|---|---|--|
| <input checked="" type="radio"/> 1 Septic tank | <input type="radio"/> 6 Seepage pit | <input type="radio"/> 11 Fuel storage | <input type="radio"/> 16 Other (specify below) |
| <input type="radio"/> 2 Sewer lines | <input type="radio"/> 7 Pit privy | <input type="radio"/> 12 Fertilizer storage | |
| <input type="radio"/> 3 Watertight sewer lines | <input type="radio"/> 8 Sewage lagoon | <input type="radio"/> 13 Insecticide storage | |
| <input checked="" type="radio"/> 4 Lateral lines | <input type="radio"/> 9 Feedyard | <input type="radio"/> 14 Abandoned water well | |
| <input type="radio"/> 5 Cess Pool | <input type="radio"/> 10 Livestock pens | <input type="radio"/> 15 Oil well/Gas well | |

Direction from well? E, NE..... How many feet? ...100'.....

| FROM | TO | PLUGGING MATERIALS |
|------|----|----------------------------|
| 83 | 20 | Hydrolite bentonite slurry |
| 20 | 0 | Bentonite chips |
| | | |
| | | |
| | | |
| | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-12-12..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 561..... This Water Well Record was completed on (mo/day/year) 4-20-12..... under the business name of Emax Energy Dev. Inc.....
 by (signature) Samuel...

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.