

GW-16

1	LOCATION OF WATER WELL: County: <u>LINN</u>	Fraction <u>NE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>12</u>	Township Number <u>23S</u>	Range Number <u>24E</u>																																																
Distance and direction from nearest town or city street address of well if located within city? <u>6350' west of Prescott, KS</u>																																																					
2	WATER WELL OWNER: <u>Continental Coal, Inc</u> <u>Ms Karen German Landowner</u> RR #, St. Address, Box #: <u>10801 MASTIN, Suite 920</u> City, State, ZIP Code: <u>Overland Park, KS 66210</u>																																																				
Board of Agriculture, Division of Water Resources Application Number:																																																					
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																																				
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> <p>N</p> <table border="1" style="border-collapse: collapse; width: 150px; height: 150px;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td>X</td><td></td></tr> <tr><td>NW</td><td></td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td><td></td></tr> </table> </div> <div> <p>DEPTH OF WELL <u>57.0</u> ft</p> <p>WELL'S STATIC WATER LEVEL <u>24.8</u> ft.</p> <p>WELL WAS USED AS:</p> <table style="width: 100%;"> <tr> <td>1 Domestic</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><u>10 Monitoring Well</u></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u></p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes No <u>X</u></p> </div> </div>												X		NW			NE					W			E					SW			SE					S				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10 Monitoring Well</u>	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>October 14, 2006</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>N/A</u> This Water Well Record was completed on (mo/day/year) <u>October 16, 2006</u> under the business name of <u>TRIAD ENV. Ser. Pittsburg, KS</u> by (signature) <u>James M. Bentley</u> <u>JAMES G. BENTLEY</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.																																																					