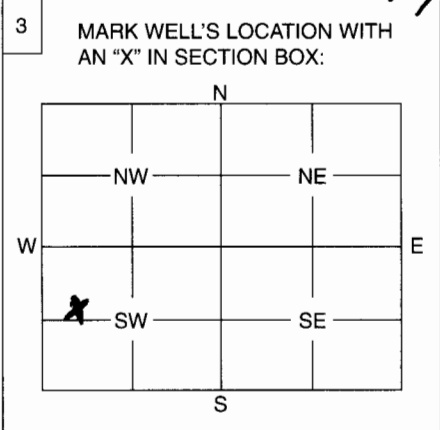


|   |                          |                             |                |                 |  |
|---|--------------------------|-----------------------------|----------------|-----------------|--|
| 1 | LOCATION OF WATER WELL:  | Fraction                    | Section Number | Township Number | Range Number   |
|   | County: <u>Sedgewick</u> | <u>SW 1/4 NW 1/4 SW 1/4</u> | <u>30</u>      | <u>25</u>       | <u>1</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">E/W</span> |

Distance and direction from nearest town or city street address of well if located within city?  
739 McLaughlin

|   |   |   |
|---|---|---|
| 2 | WATER WELL OWNER: <u>Rick Wron</u>                    | Board of Agriculture, Division of Water Resources |
|   | RR #, St. Address, Box #: <u>739 McLaughlin</u>       | Application Number:                               |
|   | City, State, ZIP Code: <u>Valley Center, KS 67147</u> |   |



|              |  |                    |                       |              |              |                          |                    |           |  |                   |              |                    |                |
|--------------|--|--------------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|--|-------------------|--------------|--------------------|----------------|
| 4            | DEPTH OF WELL ..... <u>27</u> ..... ft.  |                    |                       |              |              |                          |                    |           |  |                   |              |                    |                |
|              | WELL'S STATIC WATER LEVEL ..... <u>15</u> ..... ft.  |                    |                       |              |              |                          |                    |           |  |                   |              |                    |                |
|              | WELL WAS USED AS:  |                    |                       |              |              |                          |                    |           |  |                   |              |                    |                |
|              | <table border="0"> <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>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td><input checked="" type="checkbox"/> 7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table> | 1 Domestic         | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | <input checked="" type="checkbox"/> 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other ..... |
| 1 Domestic   | 5 Public Water Supply  | 9 Dewatering       |                       |              |              |                          |                    |           |  |                   |              |                    |                |
| 2 Irrigation | 6 Oil Field Water Supply   | 10 Monitoring Well |                       |              |              |                          |                    |           |  |                   |              |                    |                |
| 3 Feedlot    | <input checked="" type="checkbox"/> 7 Domestic (Lawn & Garden)   | 11 Injection Well  |                       |              |              |                          |                    |           |  |                   |              |                    |                |
| 4 Industrial | 8 Air Conditioning   | 12 Other .....     |                       |              |              |                          |                    |           |  |                   |              |                    |                |
|              | Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/>  |                    |                       |              |              |                          |                    |           |  |                   |              |                    |                |
|              | If yes, mo/day/yr sample was submitted .....   |                    |                       |              |              |                          |                    |           |  |                   |              |                    |                |
|              | Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....   |                    |                       |              |              |                          |                    |           |  |                   |              |                    |                |

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 1 1/4 in. Was casing pulled? Yes ..... No  If yes, how much .....

Casing height above below land surface ..... in.

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

Grout Plug Intervals: From 0 ft. to 27 ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

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

Direction from well? North How many feet? 20

| FROM     | TO        | PLUGGING MATERIALS          |
|----------|-----------|-----------------------------|
| <u>0</u> | <u>1</u>  | <u>Cement</u>               |
| <u>1</u> | <u>27</u> | <u>Bentonite</u>            |
|          |           | <u>Sand point in Garage</u> |
|          |           |                             |
|          |           |                             |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/22/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 238 This Water Well Record was completed on (mo/day/year) 1/22/08 under the business name of Premier Pump Well Service Inc. by (signature) [Signature]

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.