

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Bourbon	SW 1/4 NE 1/4 SW 1/4	2	25	24-East

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

702 Pine Street, Bronson, Kansas

2 WATER WELL OWNER: Crescent Oil Company	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # 1020 W. Sycamore Street	
City, State, ZIP Code : Independence, Kansas 67301	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

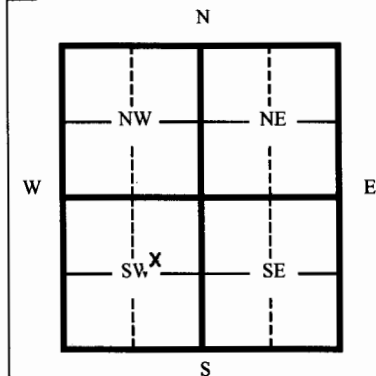
4 DEPTH OF WELL **8.45** ft.WELL'S STATIC WATER LEVEL **5.80** ft.

WELL WAS USED AS:

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

- | | | | | |
|---------|------------|-----------|--------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (specify below) |
|---------|------------|-----------|--------------|-------------------------|

- | | | | |
|--|-------|-------------------|-----------------|
| <input checked="" type="radio"/> 2 PVC | 4 ABC | 6 Asbestos-Cement | 8 Concrete Tile |
|--|-------|-------------------|-----------------|

Blank casing diameter **2.375** in. Was casing pulled? Yes _____ No ☒ If yes, how much? **N/A**Casing height above or below land surface **Unknown** in. **Casing plugged; casing removed to depth of 3' BTOC.**

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	<input checked="" type="radio"/> 4 Other Soils
Grout Plug Intervals	From 8.45 ft. to 3.0 ft.	From 3.0 ft. to 0.0 ft.	From _____ ft. to _____ ft.	

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|--|--------------------------|
| 1 Septic tank | 6 Seepage pit | <input checked="" type="radio"/> 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 | |

Direction from well? **West** How many feet? **65**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	3.0		Compacted Soils
3.0	8.45		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 10/16/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 10/19/07 under the business name of Quad State Services, Inc. by (signature) <i>[Signature]</i>

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.