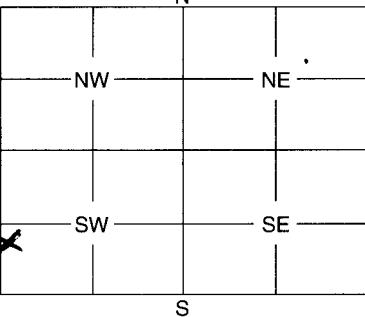


1	LOCATION OF WATER WELL:	Fraction County: Butler NW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 5	Township Number 26	Range Number 3 <input checked="" type="checkbox"/> O/W																											
Distance and direction from nearest town or city street address of well if located within city? 3 1/4 Miles North of 254-Hwy 3 1/4 Miles West of Boston, KS MW # 47																																
2	WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code:	El Paso Corporation 2 North Nevada Colorado Springs CO 80903 Board of Agriculture, Division of Water Resources Application Number:																														
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL 22 ft. WELL'S STATIC WATER LEVEL 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>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>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other															
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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:																															
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td>.....</td> </tr> </table>						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																	
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Blank casing diameter 4 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much 12																																
Casing height above or below land surface 32 in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other <i>Top Soil</i>																															
Grout Plug Intervals: From 22 ft. to 1 ft., From ft. to ft., From ft. to ft.																																
What is the nearest source of possible contamination:																																
<table border="0"> <tr> <td>1 Septic tank</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>						1 Septic tank	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							
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Direction from well? North How many feet? 2000																																
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-15-02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 575. This Water Well Record was completed on (mo/day/year) 11-14-02 under the business name of FUNKER DRILLING SERVICE INC. by (signature) <i>Mark Funker</i>																															

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.