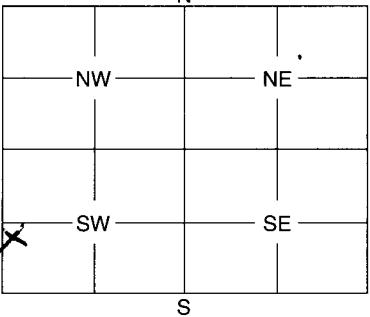


1	LOCATION OF WATER WELL: County: <i>Butler</i>	Fraction <i>NE 5 SW 1/4 SW 1/4</i>	Section Number <i>5</i>	Township Number <i>26</i>	Range Number <i>3 NW</i>
---	--	---------------------------------------	----------------------------	------------------------------	-----------------------------

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

3 1/4 miles North of Hwy 254 3 1/4 miles west of Bixby, KS

2	WATER WELL OWNER: <i>El Paso Corporation</i> RR #, St. Address, Box #: <i>2 North Nevada</i> City, State, ZIP Code : <i>Colorado Springs, CO 80903</i>	Board of Agriculture, Division of Water Resources Application Number:
---	--	--

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL ft. WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS: 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 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"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <i>4</i> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <i>10.4</i> Casing height above or below land surface <i>30</i> in.
---	--

6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> Cement grout 3 Bentonite 4 Other <i>tops of 1</i> Grout Plug Intervals: From <i>20.4</i> ft. to <i>1</i> ft., From ft. to ft., From <i>1</i> ft. to <i>0</i> ft.
---	--

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<input checked="" type="checkbox"/> 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? *North* How many feet? *2100*

FROM	TO	PLUGGING MATERIALS

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>10-15-02</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>575</i> This Water Well Record was completed on (mo/day/year) <i>11-14-02</i> under the business name of <i>Funkee Drillers Service Inc.</i> by (signature) <i>M. L. G.</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.