

| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------|---|--------------------------|-------------------------|---------------|-----------------------|--|--------------------------|--------------------------|---|-----------------------|----------------------------|--------------------------|-----------------|------------------------|----------------|-----------------|------------|-------------------------|-------|-------------|-------------------|----------------------|-------|--|--|--|--|--|--|--|
| County: <u>Butler</u> | <u>NW 1/4 SW 1/4</u> | <u>5</u> | <u>26</u> | <u>3</u> <u>EW</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? <u>3 1/4 mile North of Hwy 254 3 1/4 mile west of Bertha, KS</u> <u>MW 151</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: <u>El Paso Corporation</u> <u>2 North Nevada</u> RR #, St. Address, Box #: _____ City, State, ZIP Code: <u>Colorado Springs CO 80903</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Board of Agriculture, Division of Water Resources Application Number: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;">N NW NE W E SW SE S</div> | | 4 DEPTH OF WELL ft. WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS: <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><input checked="" type="radio"/> 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 | <input checked="" type="radio"/> 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 <u>—</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: <table style="width:100%;"><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="radio"/> PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td>.....</td></tr></table> Blank casing diameter <u>4</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>10.4</u> Casing height above or below land surface <u>30</u> in. | | | | | 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 | | | | | | | | | | | | | | | | | | |
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| 6 GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> Cement grout 3 Bentonite 4 Other <u>topsoil</u> Grout Plug Intervals: From <u>20.4</u> ft. to <u>1</u> ft., From ft. to ft., From <u>1</u> ft. to <u>0</u> ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td><input checked="" type="radio"/> 17 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> Direction from well? <u>North</u> How many feet? <u>2100</u> | | | | | 1 Septic tank | 6 Seepage pit | <input checked="" type="radio"/> 17 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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| 7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-15-02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>575</u> This Water Well Record was completed on (mo/day/year) <u>11-14-02</u> under the business name of <u>Funkhaff Drilling Service Inc</u> by (signature) <u>[Signature]</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, 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |