

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                        | Fraction                         | Section                  | Number                                            | Township    | Number                | Range                                     | Number       |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|---------------------------------------------------|-------------|-----------------------|-------------------------------------------|--------------|--------------------------|--------------------|------------------------|----------------------------|--------------------------|--------------------|-----------------------|-------------------|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                        | <u>NW 1/4 SW 1/4 SE 1/4</u>      | <u>4</u>                 |                                                   | <u>27 S</u> |                       | <u>1</u>                                  | <u>E 1/4</u> |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1150' N of SW corner of El Paso property off of 21st St.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WATER WELL OWNER: <u>El Paso Merchant Energy/Petroleum Co.</u>                                                                                                                                                                                                                                                                                 |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                | <u>2 N. Nevada</u>               |                          | Board of Agriculture, Division of Water Resources |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| City, State, ZIP Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                | <u>Cobrado Springs, Co 80903</u> |                          | Application Number:                               |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                               |                                  | 4                        | DEPTH OF WELL <u>32.0</u> ft.                     |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> </table> <div style="text-align: center;">S</div>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                                  | NW                       | NE                                                | SW          | SE                    | WELL'S STATIC WATER LEVEL <u>12.3</u> ft. |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  | NW                       | NE                                                |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  | SW                       | SE                                                |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  | 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>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td><u>11</u> 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) | <u>11</u> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                     | <u>11</u> 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 ..... No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| 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><u>2</u> 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)  | <u>2</u> PVC       | 4 ABS                 | 6 Asbestos-Cement | 8 Concrete Tile          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 RMP (SR)                                                                                                                                                                                                                                                                                                                                     | 5 Wrought                        | 7 Fiberglass             | 9 Other (Specify below)                           |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| <u>2</u> PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 ABS                                                                                                                                                                                                                                                                                                                                          | 6 Asbestos-Cement                | 8 Concrete Tile          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| Blank casing diameter <u>4</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ..... If yes, how much <u>3'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| Casing height above or below land surface <u>36</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GROUT PLUG MATERIAL: <u>1</u> Neat cement    2 Cement grout    3 Bentonite    4 Other .....                                                                                                                                                                                                                                                    |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| Grout Plug Intervals: From <u>32</u> ft. to <u>3</u> ft., From ..... ft. to ..... ft., From ..... to ..... 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><u>11</u> 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      | <u>11</u> 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 |  |  |  |  |  |  |  |  |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6 Seepage pit                                                                                                                                                                                                                                                                                                                                  | <u>11</u> 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? <u>East</u> How many feet? <u>various</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">32</td> <td style="text-align: center;">3</td> <td><u>Neat Cement</u></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td><u>Top Soil</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              | FROM                     | TO                 | PLUGGING MATERIALS     | 32                         | 3                        | <u>Neat Cement</u> | 3                     | 0                 | <u>Top Soil</u>          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO                                                                                                                                                                                                                                                                                                                                             | PLUGGING MATERIALS               |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                                                                                                                                                                                                                                                                                                                              | <u>Neat Cement</u>               |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                                                                                                                                                                                                                                                                                                                              | <u>Top Soil</u>                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/14/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/year) <u>JAN 5, 2006</u> |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |
| by (signature) <u>Russell W Reda</u> <u>Wayne Christensen</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.                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                |                                  |                          |                                                   |             |                       |                                           |              |                          |                    |                        |                            |                          |                    |                       |                   |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |  |  |  |