

1 LOCATION OF WATER WELL: County: BUTLER Fraction: NE 1/4 NW 1/4 SW 1/4 Section Number: 21 Township Number: T 28 S Range Number: R 3 E

Distance and direction from nearest town or city street address of well if located within city? 1/2 North 1 East Rose Hill

2 WATER WELL OWNER: Louis Claassen 10T 20-A RR#, St. Address, Box #: 15009 Timberlake Cir. City, State, ZIP Code: Wichita, KS 67230 Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing section box with X in SW corner]

4 DEPTH OF COMPLETED WELL: 60 ft. ELEVATION: 49 ft. WELL'S STATIC WATER LEVEL: 8 ft. below land surface measured on mo/day/yr 6/16/94

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued 11 Injection well 12 Other (Specify below)

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4/16/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 4433 This Water Well Record was completed on (mo/day/yr) 7/16/94 under the business name of KANSAS WELLS DRILLING by (signature)

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.