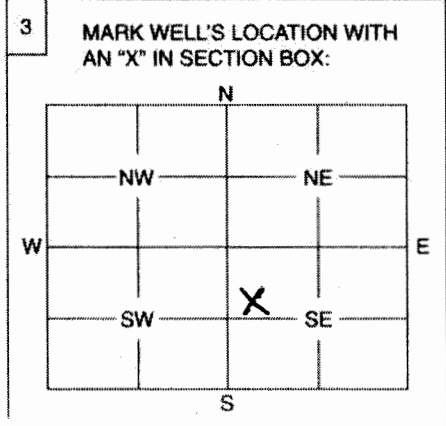


1 LOCATION OF WATER WELL: **Sumner** County: **Sumner**  
 Fraction: **SW 1/4 NW 1/4 SE 1/4** Section Number: **9** Township Number: **31S** Range Number: **1** **EW**  
 Distance and direction from nearest town or city street address of well if located within city?  
**Mile marker #25, Kansas Turnpike, Belle Plaine, Kansas**

2 WATER WELL OWNER: **Kansas Turnpike Authority**  
 RR #, St. Address, Box #: **9401 E. Kellogg** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Wichita, Ks 67207** Application Number:



4 DEPTH OF WELL: **23** ft.  
 WELL'S STATIC WATER LEVEL: **14.57** ft.  
 WELL WAS USED AS:  
 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other  
 Was a chemical / bacteriological sample submitted to Department? Yes ..... No **X**.....  
 If yes, mo/day/yr sample was submitted .....  
 Water Well Disinfected: Yes ..... No **X**.....

5 TYPE OF BLANK CASING USED:  
 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)  
 Blank casing diameter: **2** in. Was casing pulled? Yes **X** No ..... If yes, how much: **10 3'**  
 Casing height above or below land surface: ..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  
 Grout Plug Intervals: From **23** ft. to **0** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) **CONHSIP**  
 Direction from well? ..... How many feet? .....

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|
| 23   | 0  | Bentonite          |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |

*flush mount well completion/pad was left in place. will be removed during construction activities*

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **1-2-08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/year) **02/01/08** under the business name of **Associated Environmental, Inc.**  
 by (signature) **B. Johnson**

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.