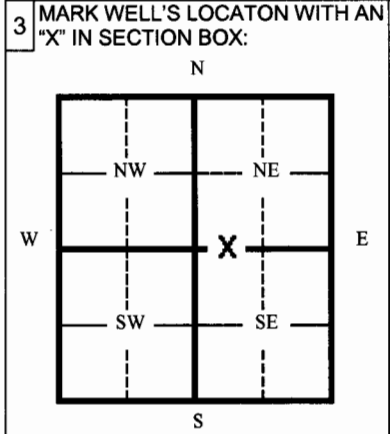


|                           |                       |                |                 |                |
|---------------------------|-----------------------|----------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL: | Fraction              | Section Number | Township Number | Range Number   |
| County: <b>Labette</b>    | <b>SW ¼ SW ¼ NE ¼</b> | <b>19</b>      | <b>31</b>       | <b>20-East</b> |

Distance and direction from nearest town or city street address of well if located within city?  
**1931 Morton Avenue, Parsons, Kansas**

2 WATER WELL OWNER: **Dan Mariners**  
 RR#, St. Address, Box # **P.O. Box 141**  
 City, State, ZIP Code : **Parsons, Kansas 67357**

Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL **12.0** ft.  
 WELL'S STATIC WATER LEVEL **7.01** ft.

WELL WAS USED AS:

|              |                              |   |
|--------------|------------------------------|---|
| 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 Lawn and Garden (domestic) | 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"/> 2 PVC | 4 ABC      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter **2.375** in. Was casing pulled? Yes  No \_\_\_ If yes, how much? **12.0'**  
 Casing height above or below land surface **Unknown** in. **Overdrilled well to 12'**

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

Grout Plug Intervals From **12.0** ft. to **3.0** ft. From **3.0** ft. to **0.0** ft. From \_\_\_ ft. to \_\_\_ ft.

What is the nearest source of possible contamination:

|                          |                   |   |                          |
|--------------------------|-------------------|---|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | <input checked="" type="radio"/> 11 Fuel storage (former) | 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? **Southwest** How many feet? **30**

| FROM       | TO          | CODE | PLUGGING MATERIALS     |
|------------|-------------|------|------------------------|
| <b>0.0</b> | <b>3.0</b>  |      | <b>Soils</b>           |
| <b>3.0</b> | <b>12.0</b> |      | <b>Bentonite chips</b> |
|            |             |      |                        |
|            |             |      |                        |
|            |             |      |                        |
|            |             |      |                        |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **07/18/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **07/24/06** under the business name of **Quad State Services, Inc.**  
 by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.