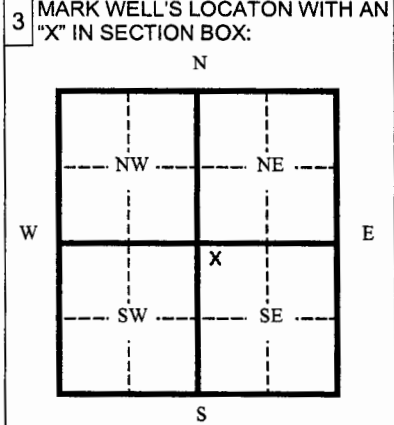


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montgomery	NW 1/4 NW 1/4 SE 1/4	25	32	05 E

Distance and direction from nearest town or city street address of well if located within city?
919 N. 16th St., Independence

2 WATER WELL OWNER:	Crescent Oil Company	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	PO Box 667	Application Number:
City, State, ZIP Code :	Independence, KS 67301	



4	DEPTH OF WELL	11.95	ft.	Originally drilled to 12.5 ft bgs
	WELL'S STATIC WATER LEVEL	9.16	ft.	
	WELL WAS USED AS:			
	1 Domestic	5 Public Water Supply	9 Dewatering	
	2 Irrigation	6 Oil Field Water Supply	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 X
	If yes, mo/day/yr sample was submitted			_____
	Water Well Disinfected: Yes ___ No X			

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2** in. Was casing pulled? Yes ___ No **X** If yes, how much _____

Casing height above or below land surface **0.0** in. **Well overdrilled to 12 feet below ground surface (bgs)**

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

Grout Plug Intervals From **2** ft. to **12** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 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? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	2		Rock
2	12		Bentonite 250 lbs

RECEIVED
 DEC 19 2005
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **10-24-05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **11-23-05** under the business name of **Geotechnical Services, Inc.**

by (signature) *Allison M. [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.