

| | | | | |
|----------------------------------|----------------------|----------------|-----------------|--------------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: <u>Montgomery</u> | <u>SW 1/4 SW 1/4</u> | <u>16</u> | <u>South 32</u> | <u>East 17</u> E/W |

Distance and direction from nearest town or city street address of well if located within city?

W Cherryvale ks

| | |
|----------------------------|---|
| 2 WATER WELL OWNER: | Board of Agriculture, Division of Water Resources |
| RR #, St. Address, Box #: | Application Number: |
| City, State, ZIP Code : | |

National Zinc Site
Cherryvale, Kansas

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

| | | | |
|----|--|----|---|
| N | | | |
| | | | |
| NW | | NE | |
| | | | |
| W | | | E |
| | | | |
| SW | | SE | |
| S | | | |

X is in the SW corner.

4 DEPTH OF WELL 14.0 ft.

WELL'S STATIC WATER LEVEL 9.0 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 Domestic (Lawn & Garden) | 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) |
| <u>2</u> PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter 2 in. Was casing pulled? Yes X..... No If yes, how much 14.0
Casing height above or below land surface 3.32 in.

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

Grout Plug Intervals: From ft. to 14.0 ft., From ft. to ft., From 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?

160 acre field know possible contamination areas visible

| FROM | TO | PLUGGING MATERIALS |
|-------------|-------------|----------------------------|
| <u>0</u> | <u>14.0</u> | <u>3/8 Bentonite chips</u> |
| <u>TW-1</u> | | |
| | | |
| | | |
| | | |
| | | |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-26-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 230 This Water Well Record was completed on (mo/day/year) 7-10-07 under the business name of Bingham Resources, Inc by (signature) [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, 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.