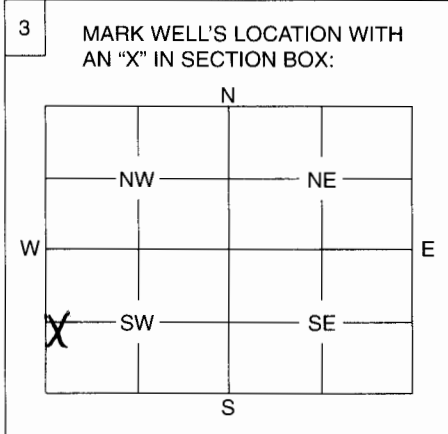


1 LOCATION OF WATER WELL: Fraction NW 1/4 SW 1/4 SW 1/4 Section Number 19 Township Number T 34 S Range Number R 4 EW
 County: Cowley

Distance and direction from nearest town or city street address of well if located within city?
1015 N. Summit, Arkansas City, Kansas

2 WATER WELL OWNER: EZ Mart Inc
 RR #, St. Address, Box #: PO Box 1426 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Texarkana, TX 75504 Application Number:



4 DEPTH OF WELL 12.5 ft.
 WELL'S STATIC WATER LEVEL _____ 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)
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter _____ in. Was casing pulled? Yes X No _____ If yes, how much 12.5
 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 0.5 ft. to 3 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? m basin How many feet? 0

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>Native Soil / Concrete Surface</u>
<u>3</u>	<u>12.5</u>	<u>Bentonite Slurry Grout</u>

RECEIVED
 OCT 20 2004
 BUREAU OF WATER
 mw-5

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/28/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 704 This Water Well Record was completed on (mo/day/year) 9/12/04 under the business name of _____ by (signature) David Hunsch

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.