

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Washington	SW 1/4 SW 1/4 NE 1/4	20 S	3	3 EW

Distance and direction from nearest town or city street address of well if located within city?
 313 W. College Street, Washington

2 WATER WELL OWNER: TWIN STATE ENERGY LLC

RR #, St. Address, Box #: PO Box 303
 City, State, ZIP Code : Greenleaf, KS 66943-0303

Board of Agriculture, Division of Water Resources
 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL10.18..... ft.
		WELL'S STATIC WATER LEVELN/A..... 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 ● Other Soil vapor extraction.....	
Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted			
Water Well Disinfected: Yes No <input checked="" type="checkbox"/>			

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
 ● PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter4..... in. Was casing pulled? Yes No If yes, how much removed to 3' bgs..
 Casing height above or below land surface0..... in.

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

Grout Plug Intervals: From3..... ft. to10.18..... 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 ● Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage ...ASTs.....
 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?West..... How many feet?~ 50.....

FROM	TO	PLUGGING MATERIALS
3	10.18	Bentonite (4")

TSV4
 KDHE #A5 101 04016
 GeoCore #1145

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)7/5/2007..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.527..... This Water Well Record was completed on (mo/day/year)7/11/2007..... under the business name of Geocore, Inc.
 by (signature) Dan Bell

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.