LOCATION OF WATER WELL: Section Number Township Number Range Number 1 Fraction Tawatomie NW4 SW14 SE14 Distance and direction from nearest town or city street address of well if located within city? 1/2W OF Wanego WATER WELLOWNER: Cape Board of Agriculture, Division of Water Resources RR #, St. Address, Box #: Application Number: City, State, ZIP Code DEPTH OF WELL 105 ft 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL WAS USED AS: 5 Public Water Supply 9 Dewatering 1 Domestic 10 Monitoring Well 6 Oil Field Water Supply 2 Irrigation 7 Domestic (Lawn & Garden) Injection Well 3 Feedlot Other Test Well W Ε 4 Industrial 8 Air Conditioning SW If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No TYPE OF BLANK CASING USED: 5 3 RMP (SR) Steel 5 Wrought 7 Fiberglass 9 Other (Specify below) (2 PVO 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter....5...... in. Blank casing diameter......in. Was casing pulled? Casing height above or below land surface. Below.....36...... in. If yes, how much Yes cut off 3 below ground 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) Grout Plug Intervals: What is the nearest source of possible contamination: Other (specify below) 1 Septic tank 6 Seepage pit 11 Fuel storage 12 Fertilizer storage 2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well 4 Lateral lines 15 Oil well/Gas well 10 Livestock pens 5 Cess Pool How many feet?500 Direction from well? **FROM** TO PLUGGING MATERIALS 2 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-13-206 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/year) under the business name of Strader Oxilling to Inc.

by (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, Topeka, Kansas 66620-0001.

Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.