

| 1 LOCATION OF WATER WELL:  | Fraction              | Section Number                | Township Number | Range Number   |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
|--|-----------------------|-------------------------------|-----------------|--|------|----|--------------------|-----|-----|--------|---|-----|------|-----|----|-----------|----|--|--------------------------|--|--|--|--|--|--|--|--|--|
| County: <u>Wabannsee</u>   | <u>1/4</u> 1/4    1/4 | <u>7</u>                      | <u>12</u>       | <u>13</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span> |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>3 Miles South and 1/2 Mile East of Maple Hill</u>  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 2 WATER WELL OWNER: <u>Max &amp; Nancy Fuller</u>  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #: <u>302 Sunset P.O. Box #8</u>  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code: <u>Maple Hill, KS. 66557</u>  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:   |                       | 4 DEPTH OF WELL <u>30</u> ft. |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">NW</td> <td style="width: 25%; text-align: center;">NE</td> <td style="width: 25%; text-align: center;">E</td> </tr> <tr> <td style="width: 25%; text-align: center;">SW</td> <td style="width: 25%; text-align: center;">SE</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">S</td> </tr> </table>   |                       | NW                            | NE              | E  | SW   | SE |                    | S   |     |        | WELL'S STATIC WATER LEVEL <u>20</u> ft. |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
|  |                       | NW                            | NE              | E  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
|  |                       | SW                            | SE              |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
|  |                       | S                             |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| WELL WAS USED AS:  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial </div> <div> 5 Public Water Supply<br/>6 Oil Field Water Supply<br/><u>7</u> Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning </div> <div> 9 Dewatering<br/>10 Monitoring Well<br/>11 Injection Well<br/>12 Other ..... </div> </div>   |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 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 <input checked="" type="checkbox"/> No .....   |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 5 TYPE OF BLANK CASING USED:   |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)<br>2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile <u>NONE - dug Well No Casing</u>   |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| Blank casing diameter ..... in.    Was casing pulled?    Yes ..... No .....    If yes, how much .....  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| Casing height above or below land surface ..... in.  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 6 GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout <u>3</u> Bentonite    4 Other .....  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals:    From ..... ft.    to ..... ft.,    From ..... ft.    to ..... ft.,    From ..... to ..... ft.   |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> 1 Septic tank<br/>2 Sewer lines<br/>3 Watertight sewer lines<br/>4 Lateral lines<br/>5 Cess pool </div> <div style="width: 33%;"> 6 Seepage pit<br/>7 Pit privy<br/>8 Sewage lagoon<br/>9 Feedyard<br/>10 Livestock pens </div> <div style="width: 33%;"> 11 Fuel storage<br/>12 Fertilizer storage<br/>13 Insecticide storage<br/><u>14</u> Abandoned water well<br/>15 Oil well/Gas well </div> <div style="width: 33%;"> 16 Other (specify below) ..... </div> </div>   |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| Direction from well? <u>NE</u> How many feet? <u>400 yards</u>   |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">FROM</th> <th style="width: 15%;">TO</th> <th style="width: 70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>30'</td> <td>20'</td> <td>gravel</td> </tr> <tr> <td>20'</td> <td>10'</td> <td>clay</td> </tr> <tr> <td>10'</td> <td>9'</td> <td>Bentonite</td> </tr> <tr> <td>9'</td> <td></td> <td>grounded clay &amp; top soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                       |                               |                 |  | FROM | TO | PLUGGING MATERIALS | 30' | 20' | gravel | 20'                                     | 10' | clay | 10' | 9' | Bentonite | 9' |  | grounded clay & top soil |  |  |  |  |  |  |  |  |  |
| FROM   | TO                    | PLUGGING MATERIALS            |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 30'  | 20'                   | gravel                        |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 20'  | 10'                   | clay                          |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 10'  | 9'                    | Bentonite                     |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 9'   |                       | grounded clay & top soil      |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
|  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
|  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
|  |                       |                               |                 |  |      |    |                    |     |     |        |   |     |      |     |    |           |    |  |                          |  |  |  |  |  |  |  |  |  |
| 7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/23/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>owner</u> This Water Well Record was completed on (mo/day/year) ..... under the business name of <u>D. May Fuller</u> 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, 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.