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|---|-------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| | County: <u>ELLIS</u> | <u>SE 1/4 NE 1/4 NE 1/4</u> | <u>21</u> | <u>13 S</u> | <u>17 W</u> |

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

1 1/2 MILES N ON TOLLON RD. FROM I-70 EXIT #163, 2 MILES W ON VINEYARD RD.

| | | |
|---|--|---|
| 2 | WATER WELL OWNER: <u>NATIONAL COOPERATIVE REFINERY ASSOCIATION</u> | |
| | RR #, St. Address, Box #: <u>1391 IRONHORSE ROAD</u> | Board of Agriculture, Division of Water Resources |
| | City, State, ZIP Code: <u>MCPHERSON, KANSAS 67460</u> | Application Number: |

| | | | | | | | | | | | | | |
|---|--|--|-----------------------------|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <u>15'</u> ft | | | | | | | | | | |
| | | WELL'S STATIC WATER LEVEL <u>12.2'</u> ft. | | | | | | | | | | | |
| | | WELL WAS USED AS: | | | | | | | | | | | |
| | | <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> | | 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 |
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| 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 <input checked="" type="checkbox"/> | | | | | | | | | | | | | |
| If yes, mo/day/yr sample was submitted | | | | | | | | | | | | | |
| Water Well Disinfected: Yes No <input checked="" type="checkbox"/> | | | | | | | | | | | | | |

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|---|--|------------|-------------------|-----------------|
| 5 | TYPE OF BLANK CASING USED: | | | |
| | 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass |
| | 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile |
| | Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>14.9'</u> | | | |
| | Casing height above or below land surface <u>0</u> in. | | | |

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|---|---|------------------------------------|-----------------------------------|--------------------------|----------------------------|
| 6 | GROUT PLUG MATERIAL: | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other <u>NATIVE SOIL</u> |
| | Grout Plug Intervals: | From <u>1</u> ft. to <u>15</u> ft. | From <u>0</u> ft. to <u>1</u> ft. | From 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 | <u>UNKNOWN</u> | |
| | 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? | | | | |

| FROM | TO | PLUGGING MATERIALS |
|------|-----|--------------------|
| 0' | 1' | NATIVE SOIL |
| 1' | 12' | BENTONITE 8" |
| 12' | 15' | BENTONITE 2" |
| | | |
| | | |
| | | |
| | | |

DAMAR DRILLING - MW1

| | | |
|---|---|--|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/10/2003</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/year) <u>1/20/2003</u> under the business name of <u>GEOCORE INC.</u> by (signature) <u>Delbert</u> | |
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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.