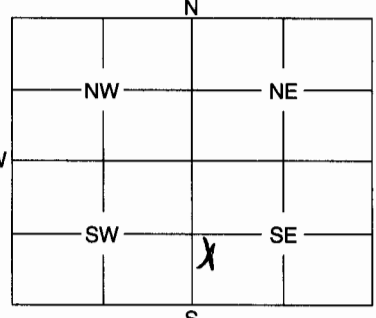


| | | | | | |
|---|---|---|-----------------------------|------------------------------|---------------------------|
| 1 | LOCATION OF WATER WELL: County: Ellis | Fraction NW 1/4 SW 1/4 SE 1/4 | Section Number 17 | Township Number 14 | Range Number 16 |
|---|---|---|-----------------------------|------------------------------|---------------------------|

Distance and direction from nearest town or city street address of well if located within city?
1 1/2 miles NW of Victoria

| | | |
|---|---|--|
| 2 | WATER WELL OWNER: KAW Pipeline RR #, St. Address, Box #: 1199 W Wisconsin City, State, ZIP Code: Russell, KS | Board of Agriculture, Division of Water Resources Application Number: |
|---|---|--|

| | | | |
|---|--|---|---|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  | 4 | DEPTH OF WELL 27 ft. |
| | | | WELL'S STATIC WATER LEVEL 24 ft. |

WELL WAS USED AS:

| | | |
|--------------|----------------------------|---|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | <input checked="" type="radio"/> 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
If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No

| | |
|---|--|
| 5 | TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input checked="" type="radio"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile |
|---|--|

Blank casing diameter **3 1/4** in. Was casing pulled? Yes No If yes, how much **29.5**

Casing height above or below land surface in.

| | |
|---|---|
| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other |
|---|---|

Grout Plug Intervals: From **3** ft. to **27** 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? How many feet?

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|
| 0 | 3 | Native Soil |
| 3 | 27 | Bentonite Grout |
| | | |
| | | |
| | | |
| | | |

| | |
|---|--|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/6/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604 This Water Well Record was completed on (mo/day/year) 3/10/08 under the business name of Environmental Priority Services Inc by (signature) P. J. Amft |
|---|--|

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.