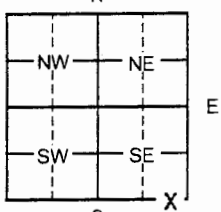

1 LOCATION OF WATER WELL: County: <u>Rush</u>		Fraction <u>SE ¼ SE ¼ SE ¼</u>	Section Number <u>33</u>	Township Number <u>17S</u>	Range Number <u>17W</u>																																																						
Distance and direction from nearest town or city street address of well if located within city? <u>101 N. Main, Bison, KS</u>																																																											
2 WATER WELL OWNER: Mid-State Coop RR#, St. Address, Box #: <u>101 N. Main</u> City, State, ZIP Code: <u>Bison, KS</u>			Global Positioning System (decimal degrees, min. of 4 digits) Latitude: <u>NA</u> Longitude: <u>NA</u> Elevation: <u>NA</u> Datum: <u>NA</u> Data Collection Method: <u>NA</u>																																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>		4 DEPTH OF WELL <u>52.6</u> ft. <u>MW6</u> WELL'S STATIC WATER LEVEL <u>NA</u> ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><u>10</u> Monitoring</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> Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10</u> Monitoring	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____																																										
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/27-28/15</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>8/3/15</u> under the business name of <u>Larsen and Associates, Inc.</u> by (signature) <u>[Signature]</u>																																																											
INSTRUCTIONS: Please fill in blanks 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. Visit us at http://www.kdheks.gov/waterwell .																																																											