

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Rush	NW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$	34	17	18 EAV

Distance and direction from nearest town or city street address of well if located within city?
 E SVE well in UST basin, Schaffer Oil, LaCrosse

2	WATER WELL OWNER: SCHAFFER OIL COMPANY
	RR #, St. Address, Box #: 1022 Main Street City, State, ZIP Code : LaCrosse, KS 67548
	Board of Agriculture, Division of Water Resources Application Number:

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">3</td> <td>MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</td> </tr> <tr> <td></td> <td style="text-align:center;"> </td> </tr> </table>	3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">4</td> <td>DEPTH OF WELL 10 ft.</td> </tr> <tr> <td></td> <td>WELL'S STATIC WATER LEVEL ..n/a..... ft.</td> </tr> <tr> <td></td> <td>WELL WAS USED AS:</td> </tr> <tr> <td></td> <td> <table style="width:100%;"> <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><input checked="" type="checkbox"/> Other Vapor extraction</td> </tr> </table> </td> </tr> <tr> <td></td> <td>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>..... If yes, mo/day/yr sample was submitted</td> </tr> <tr> <td></td> <td>Water Well Disinfected: Yes No <input checked="" type="checkbox"/>.....</td> </tr> </table>	4	DEPTH OF WELL 10 ft.		WELL'S STATIC WATER LEVEL ..n/a..... ft.		WELL WAS USED AS:		<table style="width:100%;"> <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><input checked="" type="checkbox"/> Other Vapor extraction</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	8 Air Conditioning	<input checked="" type="checkbox"/> Other Vapor extraction		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"/>
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																												
4	DEPTH OF WELL 10 ft.																												
	WELL'S STATIC WATER LEVEL ..n/a..... ft.																												
	WELL WAS USED AS:																												
	<table style="width:100%;"> <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><input checked="" type="checkbox"/> Other Vapor extraction</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	8 Air Conditioning	<input checked="" type="checkbox"/> Other Vapor extraction																
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	8 Air Conditioning	<input checked="" type="checkbox"/> Other Vapor extraction																											
	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"/>																												

5	TYPE OF BLANK CASING USED:										
	<table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)							
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
	Blank casing diameter4..... in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much3' drilled out..... Casing height above or below land surfacen/a..... in.										

6	GROUT PLUG MATERIAL:																				
	1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other																				
	Grout Plug Intervals: From0..... ft. to10..... ft., From ft. to ft., From to																				
	What is the nearest source of possible contamination:																				
	<table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>	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	
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	Bentonite (8")
3	10	Bentonite (2")

SVE6
 KDHE #U6 083 10617

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)10/11/2007..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.527..... This Water Well Record was completed on (mo/day/year)10/17/2007..... under the business name of Geocore Inc. by (signature) <i>[Signature]</i>
---	---

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.