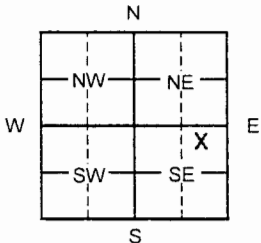


|                                                    |                                         |                            |                              |                           |          |
|----------------------------------------------------|-----------------------------------------|----------------------------|------------------------------|---------------------------|----------|
| 1 LOCATION OF WATER WELL:<br>County: <b>Barton</b> | Fraction<br><b>NW 1/4 NE 1/4 SE 1/4</b> | Section Number<br><b>5</b> | Township Number<br><b>18</b> | Range Number<br><b>13</b> | <b>W</b> |
|----------------------------------------------------|-----------------------------------------|----------------------------|------------------------------|---------------------------|----------|

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

251 W. 2<sup>nd</sup> St., Hoisington, KS 67544

|                                                                                                                                                                     |                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 WATER WELL OWNER: <b>Skolaut's 66 Service, Inc.</b><br><br>RR#, St. Address, Box #: 251 W. 2 <sup>nd</sup> St.<br><br>City, State, ZIP Code: Hoisington, KS 67544 | Global Positioning System (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: BOLT: 1840.91 TOC: 1840.49<br>Datum: FT AMSL<br>Data Collection Method: Legal Survey |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                       |              |              |                          |               |           |                            |                   |              |                    |                |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|--------------|--------------|--------------------------|---------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| 3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:<br><br> | 4 DEPTH OF WELL <b>27.3</b> ft.<br><br>WELL'S STATIC WATER LEVEL _____ dry _____ ft.<br><br>WELL WAS USED AS:<br><br><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</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table><br>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 | 10 Monitoring | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| 1 Domestic                                                                                                                                 | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9 Dewatering      |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                                                               | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10 Monitoring     |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                                                  | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11 Injection Well |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                                                               | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12 Other _____    |                       |              |              |                          |               |           |                            |                   |              |                    |                |

|                                                                                                                                                                               |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 TYPE OF BLANK CASING USED:<br>1 Steel<br>2 PVC<br>3 RMP (SR)<br>4 ABS<br>5 Wrought<br>6 Asbestos-Cement<br>7 Fiberglass<br>8 Concrete Tile<br>9 Other (specify below) _____ | Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No ___ If yes, how much <u>3</u> ft<br>Casing height above or below land surface 0.42 ft. below |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil, 0-3 ft.                                                                                                                                                                                                                                                                                                                                                     | Grout Plug Intervals: From <u>3</u> ft. to <u>27.3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. |
| What is the nearest source of possible contamination:<br>1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) _____<br>2 Sewer lines 7 Pit privy 12 Fertilizer storage _____<br>3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage _____<br>4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? South-Southwest<br>5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 175 |                                                                                                                      |

| FROM | TO   | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|------|--------------------|------|----|--------------------|
| 0    | 3    | Soil               |      |    |                    |
| 3    | 27.3 | Bentonite          |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |

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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>10/15/07</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>11/14/07</u> under the business name of <u>Larsen &amp; Associates, Inc.</u> by (signature) _____. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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>.