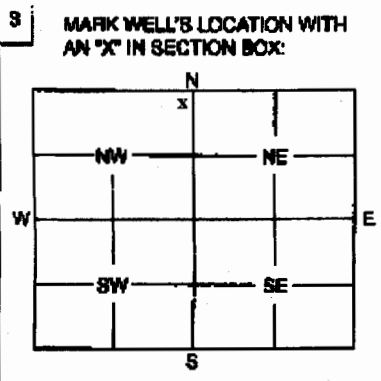


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Rush	NE 1/4 NE 1/4 NW 1/4	20	18S	19 <b>EW</b>

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

2 WATER WELL OWNER: Lynn P. Keller  
 RR #, St. Address, Box #: P O Box 66  
 City, State, ZIP Code: Albert, KS 67511  
 Board of Agriculture, Division of Water Resources  
 Application Number: 20080542



4 DEPTH OF WELL ..... 56 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 96 ..... ft.  
 WELL WAS USED AS:  
 1 Domestic  
 2 Irrigation  
 3 Feedlot  
 4 Industrial  
 5 Public Water Supply  
 6 Oil Field Water Supply  
 7 Domestic (Lawn & Garden)  
 8 Air Conditioning  
 9 Dewatering  
 10 Monitoring Well  
 11 Injection Well  
 12 Other .....

Was a chemical / bacteriological sample submitted to Department? Yes ..... No **X** .....  
 If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes **X** No .....

5 TYPE OF BLANK CASING USED:  
 1 Steel  
 2 PVC  
 3 RMP (SR)  
 4 ABS  
 5 Wrought  
 6 Asbestos-Cement  
 7 Fiberglass  
 8 Concrete Tile  
 9 Other (Specify below) .....

Blank casing diameter ..... 4.5 ..... in. Was casing pulled? Yes ..... No **X** ..... If yes, how much .....

Casing height above or below land surface ..... 18 ..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....

Grout Plug Intervals: From ..... 0 ..... ft. to ..... 60 ..... ft. From ..... ft. to ..... ft. From ..... to ..... ft.

What is the nearest source of possible contamination:  
 1 Septic tank  
 2 Sewer lines  
 3 Waterlight sewer lines  
 4 Lateral lines  
 5 Cess pool  
 6 Sewage pit  
 7 FE privy  
 8 Sewage lagoon  
 9 Feedyard  
 10 Livestock pens  
 11 Fuel storage  
 12 Fertilizer storage  
 13 Insecticide storage  
 14 Abandoned water well  
 15 Oil well/Gas well  
 16 Other (specify below) ..... None .....

Direction from well? ..... -0 ..... How many feet? ..... -0 .....

FROM	TO	PLUGGING MATERIALS
Surface	60'	20 sxs 60/40 Pozmix, 4% Gel

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 09/29/2009 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... N/A (Allied Cementing Co.) ..... This Water Well Record was completed on (mo/day/year) ..... 09/30/2009 ..... under the business name of ..... Grand Mesa Operating Company .....  
 by (signature) *Ronald N. Sinclair* ..... /Ronald N. Sinclair, President

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: 785/296-5322. Send one to Water Well Owner and retain one for your records.