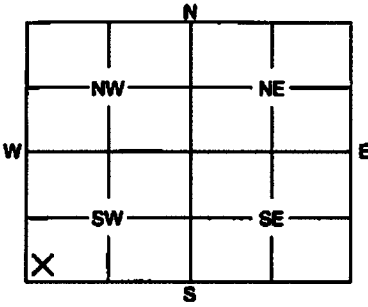


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Scott		SW ¼ SW ¼ SW ¼	18	18	32

Distance and direction from nearest town or city street address of well if located within city?
302 Mala, Scott City, KS 67871

2	WATER WELL OWNER: Terry Presta 14008 Reeder St. RR #, St. Address, Box #: Overland Park, KS 66221 City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:
---	--	--

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL148.92..... ft. WELL'S STATIC WATER LEVEL DRY 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 <input checked="" type="checkbox"/> Monitoring Well MW-9 11 Injection Well 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 <input checked="" type="checkbox"/> PVC 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)
---	--

Blank casing diameter4"..... in. Was casing pulled? Yes No If yes, how much3'.....
Casing height above or below land surface36..... in.

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

Grout Plug Intervals: From .3..... ft. to .148.92..... ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:
1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess pool
8 Seepage pit
7 Pit 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)

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
0	0.5	concrete
0.5	3	native soil
3	148.92	bentonite grout

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)1/27/14..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.735..... This Water Well Record was completed on (mo/day/year)2/1/14..... under the business name ofMILCO Environmental Services, Inc..... by (signature)
---	---

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., Sta. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.