

|                                                                                                 |                         |                                                     |                |                 |                    |
|-------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------|-----------------|--------------------|
| 1                                                                                               | LOCATION OF WATER WELL: | Fraction                                            | Section Number | Township Number | Range Number       |
| County:                                                                                         | <u>Barton</u>           | $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ <u>SW</u> | <u>24</u>      | <u>19 South</u> | <u>14 West</u> E/W |
| Distance and direction from nearest town or city street address of well if located within city? |                         |                                                     |                |                 |                    |

|                                                   |                                          |                                                   |
|---------------------------------------------------|------------------------------------------|---------------------------------------------------|
| 2                                                 | WATER WELL OWNER: <u>Patricia McSurk</u> | Board of Agriculture, Division of Water Resources |
| RR #, St. Address, Box #: <u>128 NW 30th Ave</u>  |                                          | Application Number:                               |
| City, State, ZIP Code: <u>Grat Bend, Ks 67530</u> |                                          |                                                   |

|                                                                                              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |
|----------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|---------------------------------------|-------------------|--------------|
| 3                                                                                            | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4                                                                                                                                                                                                                                                                                                                                                                                                           | DEPTH OF WELL ..... <u>27'</u> ..... ft. |            |                       |              |              |                          |                    |           |                                       |                   |              |
|                                                                                              |                                                  | WELL'S STATIC WATER LEVEL ..... <u>10'</u> ..... ft.                                                                                                                                                                                                                                                                                                                                                        |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |
|                                                                                              |                                                  | WELL WAS USED AS:                                                                                                                                                                                                                                                                                                                                                                                           |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |
|                                                                                              |                                                  | <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 Well</td> </tr> <tr> <td>3 Feedlot</td> <td><u>7 Domestic (Lawn &amp; Garden)</u></td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table> |                                          | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | <u>7 Domestic (Lawn &amp; Garden)</u> | 11 Injection Well | 4 Industrial |
| 1 Domestic                                                                                   | 5 Public Water Supply                            | 9 Dewatering                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |
| 2 Irrigation                                                                                 | 6 Oil Field Water Supply                         | 10 Monitoring Well                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |
| 3 Feedlot                                                                                    | <u>7 Domestic (Lawn &amp; Garden)</u>            | 11 Injection Well                                                                                                                                                                                                                                                                                                                                                                                           |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |
| 4 Industrial                                                                                 | 8 Air Conditioning                               | 12 Other .....                                                                                                                                                                                                                                                                                                                                                                                              |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |
| Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> ..... |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |
| If yes, mo/day/yr sample was submitted .....                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |
| Water Well Disinfected: Yes <u>X</u> No .....                                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |            |                       |              |              |                          |                    |           |                                       |                   |              |

|                                                                                                                                                                                                                                                                     |                            |                   |                 |                         |         |            |           |              |                         |              |       |                   |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|-----------------|-------------------------|---------|------------|-----------|--------------|-------------------------|--------------|-------|-------------------|-----------------|--|
| 5                                                                                                                                                                                                                                                                   | TYPE OF BLANK CASING USED: |                   |                 |                         |         |            |           |              |                         |              |       |                   |                 |  |
| <table border="0"> <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><u>2 PVC</u></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) | <u>2 PVC</u> | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile |  |
| 1 Steel                                                                                                                                                                                                                                                             | 3 RMP (SR)                 | 5 Wrought         | 7 Fiberglass    | 9 Other (Specify below) |         |            |           |              |                         |              |       |                   |                 |  |
| <u>2 PVC</u>                                                                                                                                                                                                                                                        | 4 ABS                      | 6 Asbestos-Cement | 8 Concrete Tile |                         |         |            |           |              |                         |              |       |                   |                 |  |
| Blank casing diameter ..... <u>6</u> ..... in.                                                                                                                                                                                                                      |                            |                   |                 |                         |         |            |           |              |                         |              |       |                   |                 |  |
| Casing height above or below surface ..... <u>3.6</u> ..... in.                                                                                                                                                                                                     |                            |                   |                 |                         |         |            |           |              |                         |              |       |                   |                 |  |
| Was casing pulled? Yes ..... No <u>X</u> ..... If yes, how much .....                                                                                                                                                                                               |                            |                   |                 |                         |         |            |           |              |                         |              |       |                   |                 |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                         |                          |               |               |               |                 |                          |               |             |                       |  |                          |                 |                        |  |                        |            |                         |  |             |                   |                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------|--------------------------|---------------|---------------|---------------|-----------------|--------------------------|---------------|-------------|-----------------------|--|--------------------------|-----------------|------------------------|--|------------------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GROUT PLUG MATERIAL: <u>Neat cement</u> | 2 Cement grout          | 3 Bentonite              | 4 Other ..... |               |               |                 |                          |               |             |                       |  |                          |                 |                        |  |                        |            |                         |  |             |                   |                      |  |
| Grout Plug Intervals: From ..... <u>6'</u> ..... ft. to ..... <u>3'</u> ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                         |                          |               |               |               |                 |                          |               |             |                       |  |                          |                 |                        |  |                        |            |                         |  |             |                   |                      |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                         |                          |               |               |               |                 |                          |               |             |                       |  |                          |                 |                        |  |                        |            |                         |  |             |                   |                      |  |
| <table border="0"> <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><u>4 Lateral lines</u></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 |  | <u>4 Lateral lines</u> | 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  |                          |               |               |               |                 |                          |               |             |                       |  |                          |                 |                        |  |                        |            |                         |  |             |                   |                      |  |
| <u>4 Lateral lines</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9 Feedyard                              | 14 Abandoned water well |                          |               |               |               |                 |                          |               |             |                       |  |                          |                 |                        |  |                        |            |                         |  |             |                   |                      |  |
| 5 Cess pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10 Livestock pens                       | 15 Oil well/Gas well    |                          |               |               |               |                 |                          |               |             |                       |  |                          |                 |                        |  |                        |            |                         |  |             |                   |                      |  |
| Direction from well? <u>South</u> How many feet? <u>10'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                         |                          |               |               |               |                 |                          |               |             |                       |  |                          |                 |                        |  |                        |            |                         |  |             |                   |                      |  |

| FROM       | TO         | PLUGGING MATERIALS         |
|------------|------------|----------------------------|
| <u>27'</u> | <u>10'</u> | <u>Sand Fill</u>           |
| <u>10'</u> | <u>6'</u>  | <u>Compacted Clay Soil</u> |
| <u>6'</u>  | <u>3'</u>  | <u>Neat cement Plug</u>    |
| <u>3'</u>  | <u>0'</u>  | <u>Compacted Clay Soil</u> |
|            |            |                            |
|            |            |                            |
|            |            |                            |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6-1-10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>6-7-10</u> This Water Well Record was completed on (mo/day/year) <u>6-7-10</u> under the business name of <u>Haskins Welding &amp; Backhoe Service, Inc</u> by (signature) <u>Patricia McSurk</u> |
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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.