

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	McPherson	NW ¼ SW ¼ NE ¼	29	19 S	4 EW

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

NCRA Facility, Conway

2	WATER WELL OWNER: National Cooperative Refinery Assoc.
RR #, St. Address, Box #:	1391 Ironhorse Road
City, State, ZIP Code	McPherson, KS 67460
Board of Agriculture, Division of Water Resources	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 140 ft.												
		WELL'S STATIC WATER LEVEL 52 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>7 Domestic (Lawn & Garden)</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	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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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:
<input checked="" type="radio"/> 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 in. Casing height above or below land surface n/a in.
Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much 140'	

6	GROUT PLUG MATERIAL: <input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other																				
Grout Plug Intervals: From 3 ft. to 85 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>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	
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Direction from well? How many feet?																					

FROM	TO	PLUGGING MATERIALS
0	3	Clay
3	85	Neat cement (8")
85	140	Drill fluid & cuttings

OW-27

GeoCore #525

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/22/2008 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) 5/16/2008 under the business name of GeoCore, Inc. by (signature) <i>Don Kell</i>
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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.