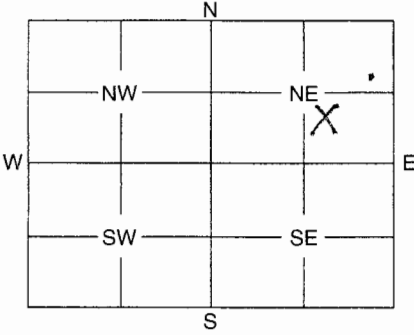


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>McPherson</u>	<u>NW 1/4 SE 1/4 NE 1/4</u>	<u>5</u>	<u>20 S</u>	<u>3</u> EMW

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

1/2 mile South of McPherson

2	WATER WELL OWNER: <u>NORA Refinery</u>	
	RR #, St. Address, Box #: <u>1931 Ironhorse Rd.</u>	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: <u>McPherson, KS 67460</u>	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>117</u> ft.												
			WELL'S STATIC WATER LEVEL 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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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													
			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:											
	<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>2 PVC</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)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile		
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	Blank casing diameter <u>4</u> in.	Was casing pulled? Yes No <input checked="" type="checkbox"/>										
	Casing height above or below land surface <u>n/a</u> in.	If yes, how much										

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other																		
	Grout Plug Intervals:	From <u>0</u> ft.	to <u>47.35</u> ft.	From ft.	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? <u>n/a</u>	How many feet? <u>n/a (within contaminated site; numerous sources)</u>																					

FROM	TO	PLUGGING MATERIALS
0	47.35	Cement grout (4")

obstruction in well. Could not grout below this interval.

RECEIVED

NOV 02 2004

BUREAU OF WATER

MW 72

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7-14-2004</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>327</u> This Water Well Record was completed on (mo/day/year) <u>8/11/04</u> under the business name of <u>Geo Care Inc.</u> by (signature) <u>Dale A. Bell</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.