

| 1 | LOCATION OF WATER WELL: | Fraction | Section | Number | Township | Number | Range | Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|--|--|-------------------------|----------|--------|-------|-------------|---------------|-----------------------|-----------------|--------------------------|--------------------------|--------------------|------------------------------|----------------------------|--------------------------|-----------------|------------------------|----------------|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|------|----|--------------------|-----|----|-------------|----|---|--------------|---|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|
| County: MCPHERSON | | $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$ SE | 27 | | 20 SOUTH | | 4 | X NW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? FROM GROVELAND, KS: 1 MILE SOUTH AND 1 MILE WEST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 WATER WELL OWNER: BEN PENNER FAMILY TRUST 972 CIMARRON ROAD RR #, St. Address, Box #: MCPHERSON, KS 67460 City, State, ZIP Code: Board of Agriculture, Division of Water Resources Application Number: 15671, 32943D1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | | 4 DEPTH OF WELL 122 ft. WELL'S STATIC WATER LEVEL 49.4 ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><u>2 Irrigation</u></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> <p>Was a chemical / bacteriological sample submitted to Department? Yes No X..... If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes X..... No</p> | | | | | | 1 Domestic | 5 Public Water Supply | 9 Dewatering | <u>2 Irrigation</u> | 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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| 5 TYPE OF BLANK CASING USED: <table style="width:100%; border: none;"> <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>CONCRETE</td> </tr> </table> <p>Blank casing diameter 1.7 in. Was casing pulled? Yes No X..... If yes, how much</p> <p>Casing height above below land surface 6.0 ft. in.</p> | | | | | | | | | 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) | 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | CONCRETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other Grout Plug Intervals: From 49 ft. to 3 ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <table style="width:100%; border: none;"> <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><u>12 Fertilizer storage</u></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> <p>Direction from well? NORTHWEST How many feet? APPROX 800</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>122</td> <td>49</td> <td>COARSE SAND</td> </tr> <tr> <td>49</td> <td>3</td> <td>CEMENT GROUT</td> </tr> <tr> <td>3</td> <td>0</td> <td>TOPSOIL</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="text-align: right; margin-top: 20px;">SAND AND GROUT PORTION OF PLUG WITNESSED BY EQUUS BEDS GMD2 STAFF.</p> <div style="text-align: right; margin-top: 20px;"> <p>RECEIVED</p> <p>FEB 06 2006</p> <p>EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO.</p> </div> | | | | | | | | | 1 Septic tank | 6 Seepage pit | 11 Fuel storage | 16 Other (specify below) | 2 Sewer lines | 7 Pit privy | <u>12 Fertilizer storage</u> | | 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 | | FROM | TO | PLUGGING MATERIALS | 122 | 49 | COARSE SAND | 49 | 3 | CEMENT GROUT | 3 | 0 | TOPSOIL | | | | | | | | | | | | |
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| 49 | 3 | CEMENT GROUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 0 | TOPSOIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-20-2006 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA This Water Well Record was completed on (mo/day/year) 3-3-06 under the business name of NA by (signature) <i>Don Penner</i> DON DON PENNER, AGENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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.