| <b>XX</b> 7 A  | THE TO AND  | err bri        | ICCINC E      | DECODD.            | Form WV        | /C-5P                       | K27 83         | a-1212 ID NO.        | 20120888                |
|--|---|----------------|---------------|--------------------|----------------|-----------------------------|----------------|----------------------|-------------------------|
|  |   |                | ER WELL:      |                    | rorm w         |                             | Number         | Township Number      |                         |
| -  | County: St  | tafford        |               | ¹/ <sub>4</sub> N2 | 1/4 NE 1/4 NE  |                             | 28             | T 21 S               | 13 E 7 W                |
|  | Street/Rural Address of Well Location; if unknown, distance & Global Positioning Systems (GPS) information:  Latitude: (in decimal degrees)   |                |               |                    |                |                             |                |                      |                         |
|  | direction from hearest town of intersection. If a owner 3 address,  Longitude: (in decimal degree   |                |               |                    |                |                             |                |                      |                         |
|  | check here  | □ 1 1/2        | North, 2 Eas  | t of Seward        |                | Elevation                   |                | CO4                  | D MADOZ                 |
|  | Datum: WGS84, NAD83, NAD27 Collection Method:   |                |               |                    |                |                             |                |                      |                         |
|  | CDC vit (Mala/Mala)   |                |               |                    |                |                             |                |                      |                         |
|  | WATER WELL OWNER: Deutsch Oil Co.  RR#, St. Address, Box #: City, State ZIP Code: Wichita, KS 67226  Wichita, KS 67226  GPS unit (Make/Model: |                |               |                    |                |                             |                |                      |                         |
|  |   |                |               |                    |                |                             |                |                      |                         |
|  | Violina, No 07220 Est. Accuracy. — 15 m, — 5 m, — 15 m,   |                |               |                    |                |                             |                |                      |                         |
| 3  | MARK WELL'S LOCATION 4 DEPTH OF WELL 90 ft.   |                |               |                    |                |                             |                |                      |                         |
|  | WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 22 ft   |                |               |                    |                |                             |                |                      |                         |
|  | N WELL WAS USED AS:   |                |               |                    |                |                             |                |                      |                         |
|  | NW NE Domestic Public Water Supply Dewatering Irrigation Oil Field Water Supply Monitoring  |                |               |                    |                |                             |                |                      |                         |
|  |   |                |               |                    |                |                             |                |                      |                         |
| W  |   |                |               |                    |                |                             |                |                      |                         |
|  | SW SE Industrial Air Conditioning Other   |                |               |                    |                |                             |                |                      |                         |
|  | Was a chemical/bacteriological sample submitted to Department? Yes No ✓   |                |               |                    |                |                             |                |                      |                         |
|  | was a chemical/bacteriological sample submitted to Department? Tes \( \backslash \) No \( \bar{\partial} \)                                   |                |               |                    |                |                             |                |                      |                         |
| 5  | TYPE OF   | BLANK C        | ASING USE     | <b>D</b> :         |                |                             |                |                      |                         |
|  | □ 。 .   |                | m (an) —      | 1                  | F-7 .          |                             |                | 0.1 (0.161.1         |                         |
|  | ✓ Steel   |                | IP (SR)       | Wrought            |                | Fiberglass<br>Concrete Tile |                | Other (Specify below | ")                      |
|  | Blank casing diameter 5 in. Was casing pulled? Yes No V If yes, how much  |                |               |                    |                |                             |                |                      |                         |
|  |   |                |               |                    |                |                             |                |                      |                         |
|  | Casing height above or below land surface 48 in.  |                |               |                    |                |                             |                |                      |                         |
|  |   |                |               |                    |                |                             |                |                      |                         |
| 6  | 6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other   |                |               |                    |                |                             |                |                      |                         |
|  |   |                |               |                    |                |                             |                |                      |                         |
|  | Grout Plug Intervals: From 4 ft. to 2 ft., From 90 ft. to 4 ft., From to ft.  |                |               |                    |                |                             |                |                      |                         |
|  | What is the nearest source of possible contamination:   |                |               |                    |                |                             |                |                      |                         |
|  | Septic tank Seepage pit Fuel Storage Other (specify below)  |                |               |                    |                |                             |                |                      |                         |
| :  | Sewer lines Pit privy Fertilizer storage  |                |               |                    |                |                             |                |                      |                         |
|  | Watertight sewer lines   Sewage lagoon   Insecticide storage   Lateral lines   Feedyard   Abandoned water well   Direction from well? South   |                |               |                    |                |                             |                |                      |                         |
|  | Cess pool  Livestock pens  Oil well/Gas well  How many feet? 500ft  |                |               |                    |                |                             |                |                      |                         |
|  |   |                |               |                    |                | 1                           | T              |                      |                         |
|  | FROM  | TO             |               | GING MAT           | EKIALS         | FROM                        | ТО             | PLUGGING             | G MATERIALS             |
|  | 90  | 4              | Hole plug     |                    |                |                             |                |                      |                         |
|  | 4   | 2              | Cement        |                    |                |                             |                |                      |                         |
|  | 2   | 0              | Top soil      |                    |                |                             | <del> </del>   |                      |                         |
|  |   |                | 1             |                    |                |                             | <del> </del>   |                      |                         |
|  |   |                | -             |                    |                |                             |                |                      |                         |
|  |   |                | 1             |                    |                | <b> </b>                    |                | -                    |                         |
| 7  | ONTRAC  | TOR'S O        | R LANDON      | VNER'S CE          | RTIFICATIO     | N. This                     | <br> ater_well | was plugged under    | my jurisdiction and was |
| comi   | pleted on (   | mo/day/yea     | (11-20-12)    | THER 5 CE          |                |                             |                |                      | nd belief. Kansas Water |
| Well Contractor's License No. 134 . This Water Well Record was completed on (mo/day/year) 11-27-12 under the                         |   |                |               |                    |                |                             |                |                      |                         |
| business name of Rosencrantz- Bemis by (signature) Some All  |   |                |               |                    |                |                             |                |                      |                         |
| INSTRUCTIONS: Use typewriter or ballpoint 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     |   |                |               |                    |                |                             |                |                      |                         |
| Jack   | son St., Ste  | . 420, Tope    | ka, Kansas 60 | 6612-1367. T       | Celephone: 785 | /296-5524.                  | Send one t     | o Water Well Owner   | and retain one for your |
| reco   | rds. Visit u  | ıs at http://v | www.kdheks.g  | gov/waterwel       | l/index.html.  |                             |                |                      |                         |
| Check one: White Copy Blue Copy Pink Copy  |   |                |               |                    |                |                             |                |                      |                         |