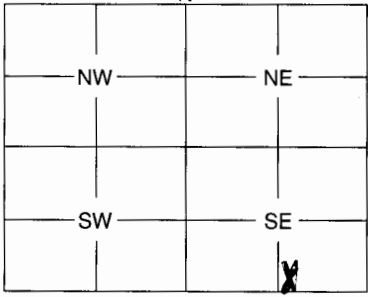


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>Pawnee</u>	<u>SW 1/4 SW 1/4 SE 1/4 SE</u>	<u>32</u>	<u>21 S</u>	<u>16</u> EW

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

Main & 2nd - Larned

2	WATER WELL OWNER: <u>Constant Oil</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>112 Main Street</u>	Application Number: _____
	City, State, ZIP Code: <u>Larned, KS 67550</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>21.30</u> ft.												
<div style="text-align: center;">N NW NE W E SW SE S</div> 		WELL'S STATIC WATER LEVEL <u>18.03</u> ft.													
		WELL WAS USED AS:													
		<table><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 X _____															
If yes, mo/day/yr sample was submitted _____		Water Well Disinfected: Yes _____ No X _____													

5	TYPE OF BLANK CASING USED:										
<table><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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2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
Blank casing diameter <u>2</u> in. Was casing pulled? Yes X No _____ If yes, how much <u>5</u> _____											
Casing height above or below land surface <u>-2</u> in.											

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																				
Grout Plug Intervals: From <u>2.0</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ to _____																					
What is the nearest source of possible contamination:																					
<table><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>Immediate Domain</u> How many feet? _____																					

FROM	TO	PLUGGING MATERIALS
20	0	Bentonite

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-12-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>4-13-05</u> under the business name of <u>Pratt Well Environmental</u> by (signature) <u>[Signature]</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.