

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fraction             | Section Number                                    | Township Number | Range Number |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------|-----------------|--------------|------|----|--------------------|----|------|-----------------|------|---|---------------------|----|---|---------|--|--|--|--|--|-----|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | County: Reno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SE 1/4 SW 1/4 NW 1/4 | 17                                                | 23              | 5            |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| Reno County Landfill, Carey Blvd., Hutchinson, KS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WATER WELL OWNER: IMC Salt, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RR #, St. Address, Box #: 1800 Carey Blvd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | Board of Agriculture, Division of Water Resources |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City, State, ZIP Code Hutchinson, KS 67501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | Application Number:                               |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">N</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> </table> <div style="text-align: center; margin-left: 10px;">S</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>W</span> <span>E</span> </div>                         |                      |                                                   |                 |              |      |    |                    | NW |      | NE              | X    |   |                     | SW |   | SE      |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NE                   |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SE                   |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DEPTH OF WELL 54 ft.<br>WELL'S STATIC WATER LEVEL 14.3 ft.<br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Domestic<br/>           2 Irrigation<br/>           3 Feedlot<br/>           4 Industrial         </div> <div>           5 Public Water Supply<br/>           6 Oil Field Water Supply<br/>           7 Domestic (Lawn &amp; Garden)<br/>           8 Air Conditioning         </div> <div>           9 Dewatering<br/>           10 Monitoring Well<br/>           11 Injection Well<br/>           12 Other         </div> </div> |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| Was a chemical / bacteriological sample submitted to Department? Yes No X<br>if yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected: Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)<br>2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| Blank casing diameter 15 in. Was casing pulled? Yes No X If yes, how much 3'<br>Casing height above or below land surface 36' below in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Grout Plug Intervals: From 14.3 ft. to 3 ft., From ft. to ft., From ft. to ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank<br/>           2 Sewer lines<br/>           3 Watertight sewer lines<br/>           4 Lateral lines<br/>           5 Cess pool         </div> <div>           6 Seepage pit<br/>           7 Pit privy<br/>           8 Sewage lagoon<br/>           9 Feedyard<br/>           10 Livestock pens         </div> <div>           11 Fuel storage<br/>           12 Fertilizer storage<br/>           13 Insecticide storage<br/>           14 Abandoned water well<br/>           15 Oil well/Gas well         </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| Direction from well? Immediate vicinity How many feet? Immediate vicinity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>54</td> <td>14.3</td> <td>Sand and gravel</td> </tr> <tr> <td>14.3</td> <td>3</td> <td>3/8 Bentonite chips</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>#35</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              | FROM | TO | PLUGGING MATERIALS | 54 | 14.3 | Sand and gravel | 14.3 | 3 | 3/8 Bentonite chips | 3  | 0 | Topsoil |  |  |  |  |  | #35 |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLUGGING MATERIALS   |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 14.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sand and gravel      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 14.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3/8 Bentonite chips  |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Topsoil              |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | #35                  |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-22-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 6-12-07                                                                                                                                                                                                                                                                                  |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| by (signature) <i>Glenn E. Pratt</i> under the business name of Pratt Well Environmental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |
| 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, 1 000 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.                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                   |                 |              |      |    |                    |    |      |                 |      |   |                     |    |   |         |  |  |  |  |  |     |  |  |  |  |  |  |