

|         |                         |                      |                |                 |              |
|---------|-------------------------|----------------------|----------------|-----------------|--------------|
| 1       | LOCATION OF WATER WELL: | Fraction             | Section Number | Township Number | Range Number |
| County: | Stafford                | SE 1/4 SE 1/4 NW 1/4 | 32             | 24              | 13 E/W       |

Distance and direction from nearest town or city street address of well if located within city? 5 1/2 s. of St. John  
1 mile W. 1/2 n west into

|   |                           |                    |
|---|---------------------------|--------------------|
| 2 | WATER WELL OWNER:         | GrayEx LLC         |
|   | RR #, St. Address, Box #: | 2435 N. Marguerite |
|   | City, State, ZIP Code :   | Kingman, KS 67068  |

Board of Agriculture, Division of Water Resources  
Application Number:

|   |                                                  |   |                                                                                                                                                                                                                                                                                            |
|---|--------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL ..... 110 ..... ft.                                                                                                                                                                                                                                                          |
|   |                                                  |   | WELL'S STATIC WATER LEVEL ..... 26 ..... ft.                                                                                                                                                                                                                                               |
|   |                                                  |   | WELL WAS USED AS:                                                                                                                                                                                                                                                                          |
|   |                                                  |   | 1 Domestic      5 Public Water Supply      9 Dewatering<br>2 Irrigation <input checked="" type="checkbox"/> Oil Field Water Supply      10 Monitoring Well<br>3 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well<br>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 <input checked="" type="checkbox"/> ..... No .....                                                                                                                                                                                                             |

|   |                                                                                                                                                                                         |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 | TYPE OF BLANK CASING USED:                                                                                                                                                              |
|   | 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)<br><input checked="" type="checkbox"/> PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile |
|   | Blank casing diameter ..... 5 ..... in.      Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, how much .....                                           |
|   | Casing height above or below land surface ..... 48 below ..... in.                                                                                                                      |

|   |                                                                                                                                                                                                                                                                                                                                                                                          |                          |                      |                                               |               |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|-----------------------------------------------|---------------|
| 6 | GROUT PLUG MATERIAL:                                                                                                                                                                                                                                                                                                                                                                     | 1 Neat cement            | 2 Cement grout       | <input checked="" type="checkbox"/> Bentonite | 4 Other ..... |
|   | Grout Plug Intervals:                                                                                                                                                                                                                                                                                                                                                                    | From ..... 110 ..... ft. | to ..... 4 ..... ft. | From ..... ft.                                | to ..... ft.  |
|   | What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                    |                          |                      |                                               |               |
|   | 1 Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below)<br>2 Sewer lines      7 Pit privy      12 Fertilizer storage <u>Nothing on location</u><br>3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage<br>4 Lateral lines      9 Feedyard      14 Abandoned water well<br>5 Cess pool      10 Livestock pens      15 Oil well/Gas well |                          |                      |                                               |               |
|   | Direction from well? ..... How many feet? .....                                                                                                                                                                                                                                                                                                                                          |                          |                      |                                               |               |

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|
| 110  | 4  | Bentonite          |
| 4    | 0  | Sand top soil      |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 2-3-2011 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 672 ..... This Water Well Record was completed on (mo/day/year) ..... 2-4-2011 ..... under the business name of <u>Crowdis Water Well Service</u> by (signature) <u>[Signature]</u> |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.