1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: *Edwards*	*NW¼ NE¼ SW¼*	*33*	*T 24 S*	*R 19 W*

Distance and direction from nearest town or city street address of well if located within city?
Northeast corner of 9TH + Highway 50

2 WATER WELL OWNER: *Kinsly Ready Mix, Inc.*

RR #, St. Address, Box #: *RR1, Box 45*
City, State, ZIP Code : *Kinsly, Kansas*

Board of Agriculture, Division of Water Resources
Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

```
          N
   +---+---+---+
 NW|   |   | NE|
   +---+---+---+
W  | X |   |   |  E
   +---+---+---+
 SW|   |   | SE|
   +---+---+---+
          S
```
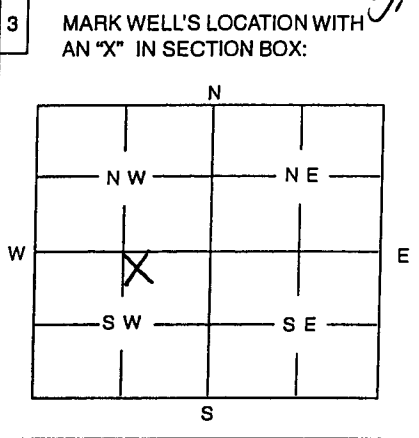
4 DEPTH OF WELL ....*17*.............. ft

WELL'S STATIC WATER LEVEL *10.97* ft.

WELL WAS USED AS:

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 ....

Was a chemical / bacteriological sample submitted to Department? Yes .... No ...✓....
If yes, mo/day/yr sample was submitted ....

Water Well Disinfected: Yes ....   No ...✓.......

5 TYPE OF BLANK CASING USED:

1 Steel   3 RMP (SR)   5 Wrought   7 Fiberglass   9 Other (Specify below)
(2) PVC   4 ABS   6 Asbestos-Cement 8 Concrete Tile ....

Blank casing diameter ....*2*...... in.   Was casing pulled?   Yes .... No ...✓....   If yes, how much ....
Casing height above or below land surface ....*0*............ in.

6 GROUT PLUG MATERIAL: 1 Neat cement   2 Cement grout   (3) Bentonite   (4) Other .....*Native Soil*.................

Grout Plug Intervals: From ....*1*....ft. to ...*17*.... ft., From ....*0*.... ft. to ...*1*.... ft., From .... to .... ft.

What is the nearest source of possible contamination:

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

Direction from well? *Southeast*.....   How many feet? .....*45*.................

FROM	TO	PLUGGING MATERIALS
0	*1*	*Native Soil*
1	*15*	*Bentonite (8")*
15	*17*	*Bentonite (2")*
		MW6

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ....*5/10/00*......... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .....*527*........ This Water Well Record was completed on (mo/day/year)
....*6/6/00*........... under the business name of ....*GeoCore Services, Inc*......................
by (signature) ......*[signature]*.........

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.