

|                                          |                             |                             |                                    |                                |
|------------------------------------------|-----------------------------|-----------------------------|------------------------------------|--------------------------------|
| LOCATION OF WATER WELL:<br><b>HARVEY</b> | Fraction<br><b>NW-SW-NW</b> | Section Number<br><b>34</b> | Township Number<br><b>24 SOUTH</b> | Range Number<br><b>03 WEST</b> |
|------------------------------------------|-----------------------------|-----------------------------|------------------------------------|--------------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
**APPROXIMATELY 1.5 MILES SOUTH AND 0.5 MILES EAST OF PATTERSON, KS**      Latitude: 37.92239    Longitude: -97.64583 (NAD27)

WATER WELL OWNER: **ROB KREHBIEL FARMS, INC.**  
**C/O SUSAN KREHBIEL WILLIAM**  
 RR#, St. Address, Box #: **31 SW RANDOLPH SQUARE**  
**TOPEKA, KS 66611**  
 City, State, ZIP Code:

Board of Agriculture, Division of Water Resources  
 Application Number: 45628

|                                                                                                                                                                                                                                                                                                                                                                                 |                          |                              |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                    |           |                        |                   |              |                    |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|------------------------|-------------------|--------------|--------------------|------------------------------|
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX<br><div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center; vertical-align: middle;">X</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td></td> </tr> </table> <div style="text-align: center;">S</div> | X                        |                              |  |  | DEPTH OF WELL <b>26.8 ft.</b><br><br>WELL'S STATIC WATER LEVEL <b>5.6 ft.</b><br><br>WELL WAS USED AS:<br><br><table style="width:100%;"> <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 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td><b>12 Other - Recreation</b></td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department?    Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/><br/>         If yes, mo/day/yr sample was submitted :    /    /</p> <p>Water Well Disinfected:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></p> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | <b>12 Other - Recreation</b> |
| X                                                                                                                                                                                                                                                                                                                                                                               |                          |                              |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                    |           |                        |                   |              |                    |                              |
|                                                                                                                                                                                                                                                                                                                                                                                 |                          |                              |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                    |           |                        |                   |              |                    |                              |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                      | 5 Public Water Supply    | 9 Dewatering                 |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                    |           |                        |                   |              |                    |                              |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                    | 6 Oil Field Water Supply | 10 Monitoring Well           |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                    |           |                        |                   |              |                    |                              |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                       | 7 Lawn and Garden Only   | 11 Injection Well            |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                    |           |                        |                   |              |                    |                              |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                    | 8 Air Conditioning       | <b>12 Other - Recreation</b> |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                    |           |                        |                   |              |                    |                              |

TYPE OF BLANK CASING USED:

|                |            |                   |                 |         |
|----------------|------------|-------------------|-----------------|---------|
| <b>1 Steel</b> | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other |
| 2 PVC          | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |         |

Blank casing diameter **5.0 in.**      Was casing pulled?    Yes ☐    No ☒      if yes, how much **0.0 ft** bls  
 Casing height above or below land surface **3 feet.**

GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout    **3 Bentonite**    4 Other

Grout Plug Intervals:    From **26.8 ft.** to **3 ft.**

What is the nearest source of possible contamination:

|                          |                   |                         |          |
|--------------------------|-------------------|-------------------------|----------|
| 1 Septic tank            | 6 Seepage pit     | <b>11 Fuel Storage</b>  | 16 Other |
| 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? **West**      How many feet? **15 ft.**

| FROM | TO | PLUGGING MATERIALS  |
|------|----|---------------------|
| 26.8 | 3  | Bentonite Hole Plug |
| 3    | 0  | Topsoil             |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |

Well plugging witnessed by  
 David Randolph, GND  

RECEIVED  
 SEP 17 2010

**Equus Beds Groundwater Management District No. 2**

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **7 / 30 / 2010** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **NA** under the business name of  
 by (signature) *Susan Krehbiel William*      Susan Krehbiel William, President - Rob Krehbiel Farms, Inc.

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, and 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.