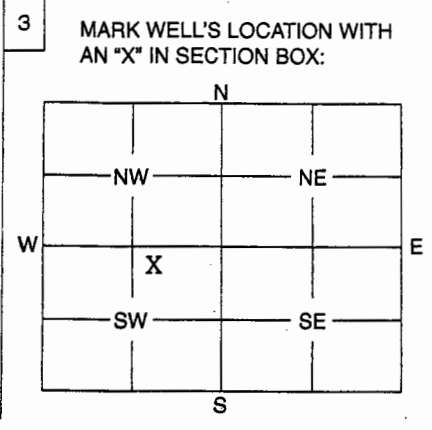


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Kearny NW ¼ NE ¼ SW ¼ 11 24 35 EW

Distance and direction from nearest town or city street address of well if located within city?  
103 E. 6th, Deerfield

2 WATER WELL OWNER: Garden City Coop  
PO Box 838  
 RR #, St. Address, Box #: Garden City, KS 67846  
 City, State, ZIP Code : Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF WELL ..... 13 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... n/a ..... 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 ..... 4 ..... in. Was casing pulled? Yes  No .....  
 Casing height above or below land surface ..... n/a ..... in. If yes, how much ..... 13' .....  
Excavated to 16.5'

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  3 Bentonite 4 Other .....  
 Grout Plug Intervals: From ..... 0 ..... ft. to ..... 13 ..... ft., From ..... ft. to ..... 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? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	13	Filled casing with bentonite chips. Well casing removed while excavating contaminated soil to 16.5' to remediate area. Well was within excavated area.

VOBW-2

KDHE Project Code U6 026 11791  
 GeoCore #1173

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 3/29/2005 ..... 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) 4/11/2005 under the business name of GeoCore 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, 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.