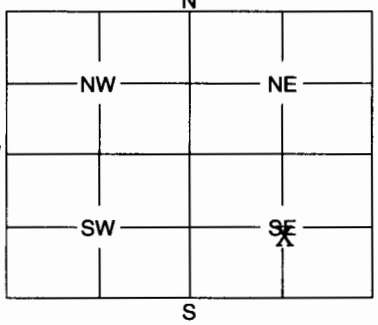


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: Edwards	1/4 C 1/4 SE 1/4	31		25		18	18																								
Distance and direction from nearest town or city street address of well if located within city?																																
3 1/2 West, 1 1/4 North of Centerview																																
2	WATER WELL OWNER: Turner Farms																															
	RR #, St. Address, Box #: P.O. Box 460																															
	City, State, ZIP Code: Great Bend, ks. 67530																															
Board of Agriculture, Division of Water Resources																																
Application Number:																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL150..... ft.																												
			WELL'S STATIC WATER LEVEL35..... ft.																													
			WELL WAS USED AS:																													
			1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other																													
			Was a chemical / bacteriological sample submitted to Department? Yes NoX....																													
If yes, mo/day/yr sample was submitted																																
Water Well Disinfected: Yes ..HTH.. No																																
5	TYPE OF BLANK CASING USED:																															
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)																																
Blank casing diameter16... in. Was casing pulled? Yes No ..X.... If yes, how much																																
Casing height above or below land surface0..... in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																															
Grout Plug Intervals: From35..... ft. to0..... ft., Fromft. toft., From to ft.																																
What is the nearest source of possible contamination:																																
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)																																
Direction from well? How many feet?																																
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>150</td><td>35</td><td>Chlorinated gravel</td></tr><tr><td>35</td><td>0</td><td>Cement</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>									FROM	TO	PLUGGING MATERIALS	150	35	Chlorinated gravel	35	0	Cement															
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35	0	Cement																														
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)11-17-05..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.134..... This Water Well Record was completed on (mo/day/year)11-21-05..... under the business name of ..Rosencrantz- Bemis.....																															
by (signature)Sara Albrecht.....																																
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.																																