

| <b>1</b> LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fraction                             | Section Number                                         | Township Number          | Range Number            |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|--------------------------|-------------------------|-----------------------|---------------|-----------------|--------------------------|--------------------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------|--------------------------|--------------------|------------------------|--------|-----------------|------------|-------------------------|--|-------------|-------------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| County: <b>Reno</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SE ¼ NW ¼ NW ¼</b>                | <b>18</b>                                              | <b>26</b>                | <b>6</b>                |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>McCubbin Oil - Pretty Prairie, Ks - SATELLITE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b> WATER WELL OWNER: <b>Robert Kriesel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | Board of Agriculture, Division of Water Resources      |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RR#, St. Address, Box # <b>124 E. Main St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | Application Number: <b>AS-5</b>                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code : <b>Pretty Prairie Ks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4</b> DEPTH OF WELL <u>40</u> ft. |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px; text-align: center;">X</td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">E</td> </tr> </table>                                                                                    | X                                    |                                                        | W                        | NE                      |                       |               | SW              | SE                       | S                                                      | E                                         | WELL'S STATIC WATER LEVEL <u>24</u> ft. |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X                                    |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | W                                    | NE                                                     |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SE                                   |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E                                    |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WELL WAS USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>                                                                                                                                                                                                                                                                       |                                      |                                                        |                          | 1 Domestic              | 5 Public Water Supply | 9 Dewatering  | 2 Irrigation    | 6 Oil Field Water Supply | <input checked="" type="checkbox"/> 10 Monitoring Well | 3 Feedlot                                 | 7 Lawn and Garden (domestic)            | 11 Injection Well | 4 Industrial             | 8 Air Conditioning | 12 Other _____         |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5 Public Water Supply                | 9 Dewatering                                           |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6 Oil Field Water Supply             | <input checked="" type="checkbox"/> 10 Monitoring Well |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7 Lawn and Garden (domestic)         | 11 Injection Well                                      |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8 Air Conditioning                   | 12 Other _____                                         |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/><br>If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected: Yes _____ No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5</b> TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td>4 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                        |                          |                         | 1 Steel               | 3 RMP (SR)    | 5 Wrought       | 7 Fiberglass             | 9 Other (specify below)                                | <input checked="" type="checkbox"/> 2 PVC | 4 ABC                                   | 6 Asbestos-Cement | 8 Concrete Tile          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 RMP (SR)                           | 5 Wrought                                              | 7 Fiberglass             | 9 Other (specify below) |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 ABC                                | 6 Asbestos-Cement                                      | 8 Concrete Tile          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <u>2</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above or below land surface <u>0</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6</b> GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals From <u>40</u> ft. to <u>3</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table>                                                                                                                                       |                                      |                                                        |                          |                         | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:10%;">CODE</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>40</td> <td>3</td> <td></td> <td>Bentonite chips</td> </tr> <tr> <td>3.0</td> <td>0</td> <td></td> <td>cement</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                      |                                                        |                          |                         | FROM                  | TO            | CODE            | PLUGGING MATERIALS       | 40                                                     | 3                                         |                                         | Bentonite chips   | 3.0                      | 0                  |                        | cement |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO                                   | CODE                                                   | PLUGGING MATERIALS       |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3                                    |                                                        | Bentonite chips          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                    |                                                        | cement                   |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7</b> CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>9-23-2005</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>554</u> This Water Well Record was completed on (mo/day/yr) <u>10-14-05</u> under the business name of <u>Woofert Pump &amp; Well Inc.</u> by (signature) <u>[Signature]</u>                                                                                                                                                                                                                                                                    |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                        |                          |                         |                       |               |                 |                          |                                                        |                                           |                                         |                   |                          |                    |                        |        |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |