

| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fraction                            | Section Number                                                           | Township Number          | Range Number            |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
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| County: <b>SEDGWICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SW 1/4 SW 1/4 SE 1/4</b>         | <b>8</b>                                                                 | <b>T 27 S</b>            | <b>R 1 W</b>            |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>Basement 1415 Murray Wichita, KS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                          |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 2 WATER WELL OWNER: <b>Deann Huff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                          |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| RR#, St. Address, Box #:<br>City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Board of Agriculture, Division of Water Resources<br>Application Number: |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| <b>1415 Murray St<br/>Wichita, KS 67212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | <b>Unknown</b>                                                           |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N<br><table border="1" style="width:100%"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td>N W</td><td></td><td>N E</td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td></td><td>S W</td><td></td><td>S E</td></tr><tr><td></td><td></td><td>X</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table><br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                          |                          |                         |                |               | N W                |                          | N E                     | W             |                       |                   | E                         |                 | S W                    |  | S E             |            |                         | X |             |                   |                      |  |  | 4 DEPTH OF WELL..... <b>24</b> .....ft.<br>WELL'S STATIC WATER LEVEL.. <b>17</b> .....ft.<br>WELL WAS USED AS:<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><del>6 Oil Field Water Supply</del></td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td><u>7 Lawn and Garden Only</u></td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table><br>Was a chemical/bacteriological sample submitted to Department? Yes....No... <b>X</b><br>If yes, mo/day/yr sample was submitted.....<br>Water Well Disinfected: Yes... <b>X</b> ... No..... |  |  | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | <del>6 Oil Field Water Supply</del> | 10 Monitoring Well | 3 Feedlot | <u>7 Lawn and Garden Only</u> | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                          |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N W                                 |                                                                          | N E                      |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                          | E                        |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S W                                 |                                                                          | S E                      |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | X                                                                        |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                          |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5 Public Water Supply               | 9 Dewatering                                                             |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del>6 Oil Field Water Supply</del> | 10 Monitoring Well                                                       |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>7 Lawn and Garden Only</u>       | 11 Injection Well                                                        |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8 Air Conditioning                  | 12 Other.....                                                            |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 5 TYPE OF BLANK CASING USED:<br><table style="width:100%"><tr><td><u>1 Steel</u></td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table><br>Blank casing diameter..... <b>2</b> .....in. Was casing pulled? Yes..... No... <b>X</b> ... If yes, how much.....<br>Casing height above or below land surface..... <b>0</b> .....in.                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                          |                          |                         | <u>1 Steel</u> | 3 RMP (SR)    | 5 Wrought          | 7 Fiberglass             | 9 Other (specify below) | 2 PVC         | 4 ABS                 | 6 Asbestos-Cement | 8 Concrete Tile           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| <u>1 Steel</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 RMP (SR)                          | 5 Wrought                                                                | 7 Fiberglass             | 9 Other (specify below) |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 ABS                               | 6 Asbestos-Cement                                                        | 8 Concrete Tile          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 6 GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other.....<br>Grout Plug Intervals: From <b>24</b> .ft. to <b>12</b> .ft., From <b>12</b> .ft. to <b>0</b> ...ft., From..... to.....ft.<br>What is the nearest source of possible contamination:<br><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><br>Direction from well? ..... How many feet? ..... |                                     |                                                                          |                          |                         | 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                                                     |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| <table border="1" style="width:100%"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><b>12</b></td><td><b>0</b></td><td><b>Cement</b></td></tr><tr><td><b>24</b></td><td><b>12</b></td><td><b>Bentonite / bleach</b></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 | <b>12</b>                | <b>0</b>                | <b>Cement</b> | <b>24</b>             | <b>12</b>         | <b>Bentonite / bleach</b> |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO                                  | PLUGGING MATERIALS                                                       |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| <b>12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>0</b>                            | <b>Cement</b>                                                            |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>12</b>                           | <b>Bentonite / bleach</b>                                                |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>5/12/10</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>638</b> This Water Well Record was completed on (mo/day/year) <b>5/12/10</b> under the business name of <b>JAMES M. JAMES ENTERPRISES</b> by (signature) <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                          |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |
| 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                          |                          |                         |                |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |   |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                                     |                    |           |                               |                   |              |                    |               |