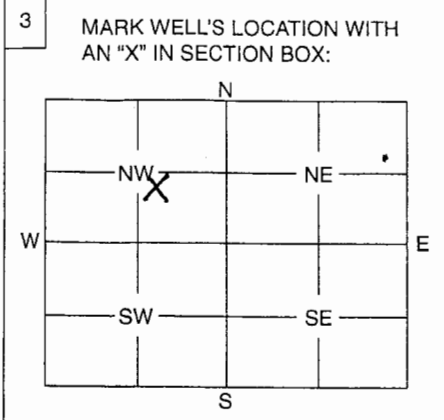


| | | | | | |
|---|-------------------------|-----------------------------|----------------|-----------------|---|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| | County: <i>Pratt</i> | <i>NW 1/4 SE 1/4 NW 1/4</i> | <i>25</i> | <i>27</i> | <i>11</i> E/W |

Distance and direction from nearest town or city street address of well if located within city?
2 mi. W, 2 mi. N, 1 mi. W of Cunningham

| | |
|---|---|
| 2 | WATER WELL OWNER: <i>Northern Natural Gas Company</i> |
| | RR #, St. Address, Box #: <i>PO Box 178</i> |
| | City, State, ZIP Code: <i>Cunningham, KS 67035</i> |
| | Board of Agriculture, Division of Water Resources Application Number: |



| | | | | | | | | | | | | | |
|--------------|---|---|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|--------------------|---|
| 4 | DEPTH OF WELL <i>15</i> ft. | | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL .. <i>6.5</i> .. ft. | | | | | | | | | | | | |
| | WELL WAS USED AS: | | | | | | | | | | | | |
| | <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td><input checked="" type="radio"/> 12 Other <i>pump test well</i></td> </tr> </table> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | <input checked="" type="radio"/> 12 Other <i>pump test well</i> |
| 1 Domestic | 5 Public Water Supply | 9 Dewatering | | | | | | | | | | | |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | | | | | | | | | | | |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | | | | | | | | | | | |
| 4 Industrial | 8 Air Conditioning | <input checked="" type="radio"/> 12 Other <i>pump test well</i> | | | | | | | | | | | |
| | Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | If yes, mo/day/yr sample was submitted | | | | | | | | | | | | |
| | Water Well Disinfected: Yes No <input checked="" type="checkbox"/> | | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|---------------------------------------|--|---|--------------------------------|--|--|--|
| 5 | TYPE OF BLANK CASING USED: | | | | | | | | | | |
| | <table border="0"> <tr> <td><input type="checkbox"/> 1 Steel</td> <td><input type="checkbox"/> 3 RMP (SR)</td> <td><input type="checkbox"/> 5 Wrought</td> <td><input type="checkbox"/> 7 Fiberglass</td> <td><input type="checkbox"/> 9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td><input type="checkbox"/> 4 ABS</td> <td><input type="checkbox"/> 6 Asbestos-Cement</td> <td><input type="checkbox"/> 8 Concrete Tile</td> <td></td> </tr> </table> | <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought | <input type="checkbox"/> 7 Fiberglass | <input type="checkbox"/> 9 Other (Specify below) | <input checked="" type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 8 Concrete Tile | |
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| <input checked="" type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 8 Concrete Tile | | | | | | | | |
| | Blank casing diameter <i>4</i> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <i>15'</i> | | | | | | | | | | |
| | Casing height above or below land surface <i>n/a</i> in. | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--------------------------------------|--|----------------------|---|--|---|--|--|-------------------------------------|--|--|--------------------------------------|--|---|--|
| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other | | | | | | | | | | | | | | | | | | | | |
| | Grout Plug Intervals: From <i>0</i> ft. to <i>15</i> ft., From ft. to ft., From to ft. | | | | | | | | | | | | | | | | | | | | |
| | What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <tr> <td><input type="checkbox"/> 1 Septic tank</td> <td><input type="checkbox"/> 6 Seepage pit</td> <td><input type="checkbox"/> 11 Fuel storage</td> <td><input checked="" type="checkbox"/> 16 Other (specify below)</td> </tr> <tr> <td><input type="checkbox"/> 2 Sewer lines</td> <td><input type="checkbox"/> 7 Pit privy</td> <td><input type="checkbox"/> 12 Fertilizer storage</td> <td><i>Blue pipeline</i></td> </tr> <tr> <td><input type="checkbox"/> 3 Watertight sewer lines</td> <td><input type="checkbox"/> 8 Sewage lagoon</td> <td><input type="checkbox"/> 13 Insecticide storage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4 Lateral lines</td> <td><input type="checkbox"/> 9 Feedyard</td> <td><input type="checkbox"/> 14 Abandoned water well</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5 Cess pool</td> <td><input type="checkbox"/> 10 Livestock pens</td> <td><input type="checkbox"/> 15 Oil well/Gas well</td> <td></td> </tr> </table> | <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 11 Fuel storage | <input checked="" type="checkbox"/> 16 Other (specify below) | <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 7 Pit privy | <input type="checkbox"/> 12 Fertilizer storage | <i>Blue pipeline</i> | <input type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 8 Sewage lagoon | <input type="checkbox"/> 13 Insecticide storage | | <input type="checkbox"/> 4 Lateral lines | <input type="checkbox"/> 9 Feedyard | <input type="checkbox"/> 14 Abandoned water well | | <input type="checkbox"/> 5 Cess pool | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 15 Oil well/Gas well | |
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| <input type="checkbox"/> 5 Cess pool | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 15 Oil well/Gas well | | | | | | | | | | | | | | | | | | | |
| | Direction from well? <i>N</i> How many feet? <i>30</i> | | | | | | | | | | | | | | | | | | | | |

| FROM | TO | PLUGGING MATERIALS |
|----------|-----------|-----------------------|
| <i>0</i> | <i>6</i> | <i>Bentonite (8")</i> |
| <i>6</i> | <i>15</i> | <i>Bentonite (4")</i> |
| | | |
| | | |
| | | |
| | | |

RECEIVED
OCT 22 2004
BUREAU OF WATER

PTW13

GeoCore #213

| | |
|---|--|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>10/18/2004</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>527</i> This Water Well Record was completed on (mo/day/year) <i>10/19/2004</i> under the business name of <i>GeoCore Inc.</i> by (signature) <i>Dan C. [unclear]</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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.