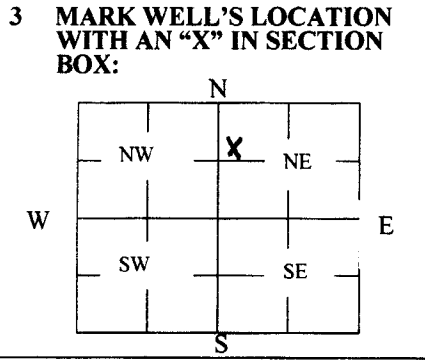


1 LOCATION OF WATER WELL: Fraction 1/4 SW 1/4 NW 1/4 NE 1/4 Section Number 36 Township Number T 27 S Range Number 20 E W
 County: Kiowa

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 4 1/4 North, 1/2 East of Mullinville

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: Patrick Janssen
 RR#, St. Address, Box #: PO Box 207
 City, State ZIP Code: Kinsley, KS 67547



4 DEPTH OF WELL 105 **ft.**
 WELL'S STATIC WATER LEVEL 75 **ft.**
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other Stock
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile
 Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From 5 ft. to 3 ft., From 105 ft. to 5 ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below) Irrigation well
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well
 Cess pool Livestock pens Oil well/Gas well
 Direction from well? West
 How many feet? 40ft

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
105	5	Hole plug			
5	3	Cement			
3	0	Top soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-13-15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/year) 11-17-15 under the business name of Rosencrantz- Bemis Ent Inc by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.