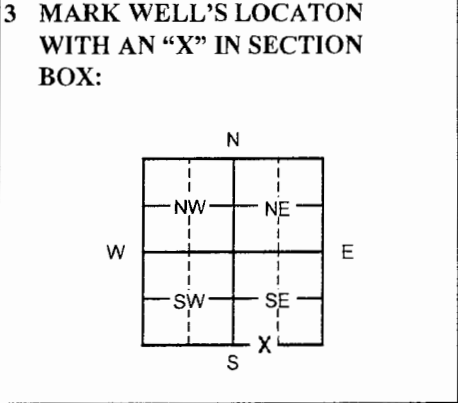


1 LOCATION OF WATER WELL: Fraction SE ¼ SW ¼ SE ¼ Section Number 30 Township Number 27S Range Number 7W
 County: **Kingman**

Distance and direction from nearest town or city street address of well if located within city?
730 W. Kansas Ave., Kingman KS 67068

2 WATER WELL OWNER: **Kingman Municipal Airport** Global Positioning System (decimal degrees, min. of 4 digits)
 RR#, St. Address, Box #: 730 W. Kansas Ave. Latitude: NA
 City, State, ZIP Code: Kingman KS 67068 Longitude: NA
 Elevation: NA
 Datum: NA
 Data Collection Method: NA



4 DEPTH OF WELL 16.20 Ft MW12
 WELL'S STATIC WATER LEVEL NA ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes ___ No X

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter 2 in. Was casing pulled? Yes X No ___ If yes, how much 3 ft
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil: 0-3ft
 Grout Plug Intervals: From 3 ft. to 16.20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 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 Direction from well?
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-------|--------------------|------|----|--------------------|
| 0 | 3 | Soil | | | |
| 3 | 16.20 | Bentonite | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/28/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 10/14/11 under the business name of Larsen and Associates, Inc. by (signature) _____

INSTRUCTIONS: Please fill in blanks 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. Visit us at <http://www.kdheks.gov/waterwell>.