

Well # 1

| | | | | | |
|---|-------------------------|-----------------------------|----------------|-----------------|--|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| | County: <u>SEWARD</u> | <u>NE 1/4 NE 1/4 SE 1/4</u> | <u>23</u> | <u>335</u> | <u>32</u> EW |

Distance and direction from nearest town or city street address of well if located within city? Lat 37° 09' 39.08" N
204' W of Parkside Rd + 1775' S of Co Rd S Long 100° 45' 39.74" W

| | | |
|---|---|---|
| 2 | WATER WELL OWNER: <u>Sunflower Electric Power Corporation</u> | Board of Agriculture, Division of Water Resources |
| | RR #, St. Address, Box #: <u>2440 Holcomb Lane i PO Box 430</u> | Application Number: |
| | City, State, ZIP Code: <u>Holcomb, KS 67851</u> | |

| | | | | |
|---|--|---|--|--------------------|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <u>168</u> ft. | |
| | | WELL'S STATIC WATER LEVEL <u>9.1</u> ft. | | |
| | | WELL WAS USED AS: | | |
| | | 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 | 12 Other |
| | | Was a chemical / bacteriological sample submitted to Department? Yes No | | |
| | | If yes, mo/day/yr sample was submitted | | |
| | | Water Well Disinfected: Yes No | | |

| | | | | | |
|---|---|------------|---|-----------------|-------------------------|
| 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 in. | | Was casing pulled? Yes No | | |
| | Casing height above or below land surface <u>48"</u> in. | | If yes, how much <u>4'</u> | | |

| | | | | | |
|---|---|-------------------------------|--|--|---------------------------------------|
| 6 | GROUT PLUG MATERIAL: | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other |
| | GROUT PLUG INTERVALS: | From <u>4</u> ft. | to <u>168</u> ft., | From ft. | to ft., From to ft. |
| | What is the nearest source of possible contamination: | | | | |
| | 1 Septic tank | 6 Seepage pit | 11 Fuel storage | 18 Other (specify below) | |
| | 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | <u>unknown</u> | |
| | 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? | | |

| FROM | TO | PLUGGING MATERIALS |
|----------|-------------|---------------------|
| <u>1</u> | <u>4</u> | <u>Soil</u> |
| <u>4</u> | <u>168'</u> | <u>Cement Grout</u> |
| | | |
| | | |
| | | |
| | | |

| | |
|---|--|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/26/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of <u>LAWRE CHRISTENSEN COMPANY</u> by (signature) <u>[Signature]</u> <u>CHAD USMAN, Project Manager</u> |
|---|--|

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.