

|   |                         |                |                |                 |              |
|---|-------------------------|----------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction       | Section Number | Township Number | Range Number |
|   | County: <b>Sherman</b>  | SW ¼ NW ¼ SW ¼ | 20             | 8               | 39           |

Distance and direction from nearest town or city street address of well if located within city?

421 E. 17th St. (The Corner gas station) Goodland

|   |                                                    |                                                   |
|---|----------------------------------------------------|---------------------------------------------------|
| 2 | WATER WELL OWNER: <b>Bill Bishop</b>               | Board of Agriculture, Division of Water Resources |
|   | RR #, St. Address, Box #: <b>103 Eastmoor Dr</b>   | Application Number:                               |
|   | City, State, ZIP Code : <b>McPherson, KS 67460</b> |                                                   |

|    |                                                                                                                                                                                                                                  |    |   |  |    |  |    |   |  |   |    |  |    |  |   |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|--|----|--|----|---|--|---|----|--|----|--|---|--|
| 3  | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                 |    |   |  |    |  |    |   |  |   |    |  |    |  |   |  |
|    | <table border="1"> <tr><td></td><td>N</td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>W</td><td></td><td>E</td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td>S</td><td></td></tr> </table> |    | N |  | NW |  | NE | W |  | E | SW |  | SE |  | S |  |
|    | N                                                                                                                                                                                                                                |    |   |  |    |  |    |   |  |   |    |  |    |  |   |  |
| NW |                                                                                                                                                                                                                                  | NE |   |  |    |  |    |   |  |   |    |  |    |  |   |  |
| W  |                                                                                                                                                                                                                                  | E  |   |  |    |  |    |   |  |   |    |  |    |  |   |  |
| SW |                                                                                                                                                                                                                                  | SE |   |  |    |  |    |   |  |   |    |  |    |  |   |  |
|    | S                                                                                                                                                                                                                                |    |   |  |    |  |    |   |  |   |    |  |    |  |   |  |

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                       |              |              |                          |                                                                      |           |                            |                   |              |                    |                |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------|--------------|--------------|--------------------------|----------------------------------------------------------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| 4            | DEPTH OF WELL ..... <b>210.2</b> ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                       |              |              |                          |                                                                      |           |                            |                   |              |                    |                |
|              | WELL'S STATIC WATER LEVEL ..... <b>201.75</b> ..... 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><input checked="" type="checkbox"/> Monitoring Well <b>SVE-2-190</b></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table> | 1 Domestic                                                           | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | <input checked="" type="checkbox"/> Monitoring Well <b>SVE-2-190</b> | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other ..... |
| 1 Domestic   | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9 Dewatering                                                         |                       |              |              |                          |                                                                      |           |                            |                   |              |                    |                |
| 2 Irrigation | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Monitoring Well <b>SVE-2-190</b> |                       |              |              |                          |                                                                      |           |                            |                   |              |                    |                |
| 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 <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>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> | 1 Steel           | 3 RMP (SR)      | 5 Wrought               | 7 Fiberglass | 9 Other (Specify below) | <input checked="" type="checkbox"/> PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile |  |
| 1 Steel                                 | 3 RMP (SR)                                                                                                                                                                                                                                                                                     | 5 Wrought         | 7 Fiberglass    | 9 Other (Specify below) |              |                         |                                         |       |                   |                 |  |
| <input checked="" type="checkbox"/> PVC | 4 ABS                                                                                                                                                                                                                                                                                          | 6 Asbestos-Cement | 8 Concrete Tile |                         |              |                         |                                         |       |                   |                 |  |
|                                         | Blank casing diameter ..... <b>4</b> ..... in. Was casing pulled? Yes <input checked="" type="checkbox"/> No .....                                                                                                                                                                             |                   |                 |                         |              |                         |                                         |       |                   |                 |  |
|                                         | Casing height above or <u>below</u> land surface ..... <b>36</b> ..... in. If yes, how much... <b>3'</b>                                                                                                                                                                                       |                   |                 |                         |              |                         |                                         |       |                   |                 |  |

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                          |                 |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|-----------------|--------------------------|---------------|-------------|-----------------------|--|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|
| 6                        | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                          |                 |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|                          | Grout Plug Intervals: From <b>3</b> ..... ft. to <b>210.2</b> ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                          |                 |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|                          | What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                          |                 |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|                          | <table border="0"> <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> | 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    |                          |                 |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |
|                          | Direction from well? ..... How many feet? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                          |                 |                          |               |             |                       |  |                          |                 |                        |  |                 |            |                         |  |             |                   |                      |  |

| FROM | TO    | PLUGGING MATERIALS |
|------|-------|--------------------|
| 0    | 0.5   | cement             |
| 0.5  | 3     | native soil        |
| 3    | 210.2 | bentonite grout    |
|      |       |                    |
|      |       |                    |
|      |       |                    |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>2/12/13</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>735</b> This Water Well Record was completed on (mo/day/year) <b>2/13/13</b> under the business name of <b>MILCO Environmental Services, Inc.</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, 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.