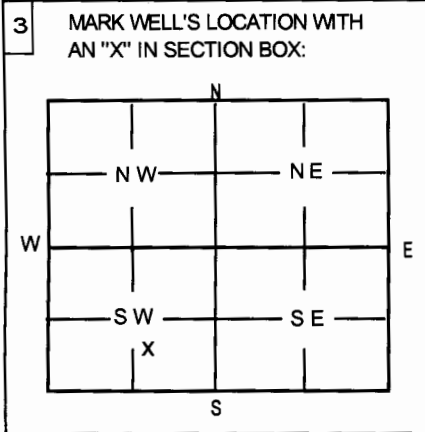


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Sherman	NW 1/4 SE 1/4 SW 1/4	20	T 8 S	R 42 E (W)

Distance and direction from nearest town or city street address of well if located within city?
 Approximately 260' East and 60' North of New Well #3

2 WATER WELL OWNER: City of Kanorado
 404 Center
 RR#, St. Address, Box # P.O. Box 68
 City, State, ZIP Code Kanorado, KS 67741
 Board of Agriculture, Division of Water Resources
 Application Number: 33, 683 \ 10,380 \ SH-002



4 DEPTH OF WELL ~ 320 ft
 WELL'S STATIC WATER LEVEL 167 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 16 in. Was casing pulled? Yes No
 Casing height above or below land surface 48 in. If yes, how much _____

6 GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other
 Grout Plug Intervals: From 160 ft. to 4 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 None known
 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
~ 320	160	Chlorinated Sand
160	4	Concrete Grout
4	0	Compacted Soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 09-11-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 09-16-08 under the business name of Clarke Well & Equipment, Inc.
 by (signature) *[Signature]*

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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.