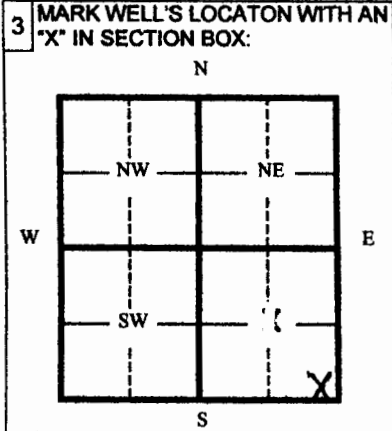


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Rooks SE 1/4 SE 1/4 SE 1/4	29	9S	20W

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

2 WATER WELL OWNER: **Kinder Morgan Inc.**
 RR#, St. Address, Box # **105 East Quail Road** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Phillipsburg, KS 67661** Application Number:



4 DEPTH OF WELL **57** ft.
 WELL'S STATIC WATER LEVEL **47** 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 Lawn and Garden (domestic) 11 Injection Well
 ④ Industrial 8 Air Conditioning 12 Other

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X**
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: 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 ABC 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter **8** in. Was casing pulled? Yes _____ No **X** If yes, how much

Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite ④ Other **Clay**

Grout Plug Intervals From **57** ft. to **47** ft. From **6** ft. to **3** 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 | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well/ Gas well | |

Direction from well? How many feet?

FROM	TO	CODE	PLUGGING MATERIALS
0	3		Native Soil
3	6		Bentonite
6	47		Clay
47	57		Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **6-23-05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **7-12-05** under the business name of **Woofter Pump & Well, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.