## KOLAR Document ID: 1523299

| WATER WELL PLUGGING I  | RECORD F      | orm WW(                       | С-5Р КSA 82                                  | 2a-1212 ID NO.                       |  |
|--|---------------|-------------------------------|--|--------------------------------------|--|
| <b>1</b> LOCATION OF WATER WELL:   | Fraction      |                               | Section Number                               | Township Number                      |  |
| County:  1/4  1/4  1/4  T  S    Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  Global Positioning Systems (GPS) information  Latitude: (in    Longitude:  |               |                               |  |                                      | (in decimal degrees)<br>(in decimal degrees) |
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box #:<br>City, State ZIP Code:   |               |                               |  |                                      |  |
| 3  MARK WELL'S LOCATION<br>WITH AN "X" IN SECTION<br>BOX:  4  DEPTH OF WELLft.    W  N  N  Image: Section of the sectin of the sectin of the sectin of the section of the sect  |               |                               |  |                                      |  |
| 5  TYPE OF BLANK CASING USED:           Breingth above of BLANK CASING USED:        Assestored and the second and |               |                               |  |                                      |  |
| Grout Plug Intervals:  Fromft. toft., Fromft. toft., Fromft. toft.    What is the nearest source of possible contamination:  Seepage pit  Fuel storage    Sewer lines  Pit privy  Fertilizer storage  Other (specify below)    Watertight sewer lines  Sewage lagoon  Insecticide storage  Direction from well?    Lateral lines  Feedyard  Oil well/Gas well  How many feet?  How many feet?  |               |                               |  |                                      |  |
| FROM TO PLUC   | GGING MATERIA | ALS                           | FROM TO                                      | PLUGGING                             | MATERIALS                                    |
| 7  CONTRACTOR'S OR LANDOV    completed on (mo/day/year)    Well Contractor's License No    business name of  | a<br>This W   | nd this recon<br>ater Well Re | rd is true to the best<br>cord was completed | of my knowledge and on (mo/day/year) | belief. Kansas Water<br>under the            |
| Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.<br>Visit us at <u>http://www.kdheks.gov/waterwell/index.html</u> Telephone 785-296-5524.  |               |                               |  |                                      |  |

KSA82a-1212