WATER WELL PLUGGING RECORD **Form WWC-5P** **KSA 82a-1212** **ID NO.** MW-7R

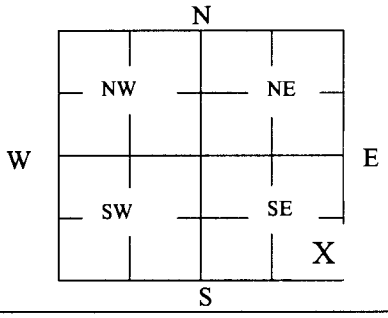
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
Riley County	SE ¼ SE ¼ SE ¼	11	10 S	R 7 E

Distance and direction from nearest town or city street address of well if located within city?
Well was located at 2829 Anderson Ave., Manhattan, KS

2 WATER WELL OWNER:
Rex's Tire
RR#, St. Address, Box #:
2829 Anderson Ave.
City, State ZIP Code:
Manhattan, KS 66502

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 19.02 **ft.**

WELL'S STATIC WATER LEVEL 10.28 ft

WELL WAS USED AS: X

1 Domestic
2 Irrigation
3 Feedlot
4 Industrial
5 Public Water Supply
6 Oil Field Water Supply
7 Domestic (Lawn & Garden)
8 Air Conditioning
9 Dewatering
10 Monitoring
11 Injection Well
12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes_____ No _x____

5 TYPE OF BLANK CASING USED:
1 Steel
2 PVC
3 RMP (SR)
4 ABS
5 Wrought
6 Asbestos-Cement
7 Fiberglass
8 Concrete Tile
9 Other (Specify below) _____

Blank casing diameter __2____ in. Was casing pulled? Yes ___x___ No _____ If yes, how much _____3'_____
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _ Soil_____

Grout Plug Intervals: From4 _0__ ft. to __3__ ft., From3 ___3____ ft. to __19.02___ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess pool
6 Seepage pit
7 Pit privy
8 Sewage lagoon
9 Feedyard
10 Livestock pens
11 Fuel Storage
12 Fertilizer storage
13 Insecticide storage
14 Abandoned water well
15 Oil well/Gas well
16 Other (specify below)
_Contaminated Site_____

Direction from well? _____
How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0'	3'	Soil			
3'	19.02'	Bentonite Chips			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ___06/20/11_____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ____585_____. This Water Well Record was completed on (mo/day/year) ___06/23/11___ under the business name of Associated Environmental, Inc. by (signature) [signature].

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at http://www.kdheks.gov/waterwell/index.html.