| w   | ATER WELL PLUGGING I   | RECORD                    | Form WW  | C-5P  | KSA 82  | a-1212 ID NO.                  | JCI North 3-1        |  |
|---|--|---------------------------|--|---|---|--------------------------------|----------------------|--|
| 1   | LOCATION OF WATER WELL:  | Fraction                  |  | Section 1   | Number  | Township Number                | Range Number         |  |
|   | County: Riley Street/Purel Address of Well Leastern  |                           | 1/4 SW 1/4 NE !                                    |   |   | T 10 S<br>Systems (GPS) inform | 07 XE W              |  |
|   | direction from nearest town or intersection: If at owner's address. Latitude: 39.199685  |                           |  |   |   |                                | (in decimal degrees) |  |
|   | check here Approximately 1:  | •                         | Longitude: 96.595229 (in decimal degrees)          |   |   |                                |                      |  |
|   | northern building on Kansas State University   |                           |  | Elevation: 1120 Horizontal Datum: WGS84, NAD83, NAD27 |   |                                |                      |  |
|   | property.  |                           |  | Collection Method:                                    |   |                                |                      |  |
| 2   | WATER WELL OWNER: Johnson Controls   |                           |  |   | GPS unit (Make/Model:                                 |                                |                      |  |
|   | RR#, St. Address, Box #: 1514 SW 41st City. State ZIP Code: Topeka, KS 66609   |                           |  |   | ☑ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey |                                |                      |  |
|   | City, State ZIP Code:  |                           | Est. Accuracy: □ <3 m, □ 3-5 m, ☒ 5-15 m, □ > 15 m |   |   |                                |                      |  |
| 3   | MARK WELL'S LOCATION 4 DEPTH OF WELL 103 ft.   |                           |  |   |   |                                |                      |  |
|   | WITH AN "X" IN SECTION  WELL'S STATIC WATER LEVEL 35.14 ft   |                           |  |   |   |                                |                      |  |
|   | N  | N I                       |  |   |   |                                |                      |  |
|   | WELL WAS USED AS:  |                           |  |   |   |                                |                      |  |
|   | NW XNE   |                           | nestic   |   | ater Supp   |                                |                      |  |
| l w   | Irrigation Oil Field Water Supply Monitoring  W Domestic (Lawn & Garden) Injection Well  |                           |  |   |   |                                |                      |  |
|   | Industrial Air Conditioning X Other Test Well South  |                           |  |   |   |                                |                      |  |
|   | - SE   |                           |  |   |   |                                |                      |  |
|   | Was a chemical/bacteriological sample submitted to Department? Yes No 🗶  |                           |  |   |   |                                |                      |  |
| 5   | TYPE OF BLANK CASING USED:   |                           |  |   |   |                                |                      |  |
|   | Steel RMP (SR) Wrought Fiberglass Other (Specify below)  |                           |  |   |   |                                |                      |  |
|   | X PVC ABS Asbestos-Cement Concrete Tile  |                           |  |   |   |                                |                      |  |
|   | <u> </u>   |                           |  |   |   |                                |                      |  |
|   | Blank casing diameter 5 in. Was casing pulled? Yes X No I If yes, how much 3 feet  Casing height above or below and surface 36 in. |                           |  |   |   |                                |                      |  |
|   | Casing neight above oncelow faint surface  |                           |  |   |   |                                |                      |  |
| 6   | 6 GROUT PLUG MATERIAL: Neat cement Cement grout E Bentonite Chlorinated Sand   |                           |  |   |   |                                |                      |  |
| U   | 1  |                           |  |   |   |                                |                      |  |
|   | Grout Plug Intervals: From 103 ft. to 34 ft., From 34 ft. to 3 ft., From ft. to ft.  |                           |  |   |   |                                |                      |  |
|   | What is the nearest source of possible contamination:  |                           |  |   |   |                                |                      |  |
|   | Septic tank Seepage pit Fuel storage V Other (specify below)   |                           |  |   |   |                                |                      |  |
|   | Sewer lines Pit privy Fertilizer storage Drain   |                           |  |   |   |                                |                      |  |
|   | Watertight sewer lines Sewage lagoon Insecticide storage  Lateral lines Feedyard Abandoned water well Direction from well? West    |                           |  |   |   |                                |                      |  |
|   | Cess pool Livestock pens Oil well/Gas well How many feet?  15  |                           |  |   |   |                                |                      |  |
|   |  |                           |  |   |   |                                |                      |  |
|   |  | JGING MAT<br>Bentonite Ch |  | FROM  | TO  | PLUGGING                       | MATERIALS            |  |
|   |  | ated Sand                 | mha  |   |   |                                |                      |  |
|   | 3. 3   |                           |  |   |   |                                |                      |  |
|   |  |                           |  |   |   |                                |                      |  |
|   |  |                           |  |   |   |                                |                      |  |
|   |  |                           |  |   |   |                                |                      |  |
|   |  |                           |  |   |   |                                |                      |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was  |  |                           |  |   |   |                                |                      |  |
| completed on (mo/day/year) 12/23/2021 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) 13/2022 under the |  |                           |  |   |   |                                |                      |  |
| business name of Associated Environmental, Inc. by (signature)  |  |                           |  |   |   |                                |                      |  |
|   |  |                           |  |   |   |                                |                      |  |
| 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.                |  |                           |  |   |   |                                |                      |  |
| Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> Telephone 785-296-5524.   |  |                           |  |   |   |                                |                      |  |
| 770100 1010   |  |                           |  |   |   |                                |                      |  |
|   |  |                           | KSA  | .82a-1212   |   |                                | Revised 1/20/2015    |  |