

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.

MW-8

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                       | Fraction                                                                                   | Section                                                                                                                                                                                                                                                    | Number                                            | Township   | Number | Range     | Number |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------|-----------|--------|------|----|--------------------|----|---|-----------|---|---|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | County: <b>Riley</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NE <math>\frac{1}{4}</math> NE <math>\frac{1}{4}</math> NE <math>\frac{1}{4}</math></b> | <b>18</b>                                                                                                                                                                                                                                                  |                                                   | <b>10S</b> |        | <b>8E</b> | E/W    |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>917 N. 3rd, Manhattan, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WATER WELL OWNER: <b>KDHE T&amp;M (Rex's Tire Company)</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #: <b>1000 SW Jackson #410</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            | Board of Agriculture, Division of Water Resources |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code: <b>Topeka, Ks 66612-1367</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            | Application Number:                               |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            | 4                                                                                                                                                                                                                                                          | DEPTH OF WELL <b>20.00</b> ft.                    |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | WELL'S STATIC WATER LEVEL <b>18.16</b> ft.                                                                                                                                                                                                                 |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | WELL WAS USED AS:                                                                                                                                                                                                                                          |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | 1 Domestic      5 Public Water Supply      9 Dewatering<br>2 Irrigation    6 Oil Field Water Supply    10 Monitoring Well<br>3 Feedlot       7 Domestic (Lawn & Garden)    11 Injection Well<br>4 Industrial    8 Air Conditioning                12 Other |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | Was a chemical / bacteriological sample submitted to Department? Yes _____ No <b>X</b><br>If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected: Yes _____ No <b>X</b>                                                                    |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)<br>2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <b>4</b> in.      Was casing pulled? Yes <b>X</b> No _____      If yes, how much <b>NA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above or below land surface _____ in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GROUT PLUG MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Neat cement      2 Cement grout      3 Bentonite      4 Other <b>Surface silts and clays</b><br>Grout Plug Intervals: From <b>20</b> ft. to <b>3</b> ft.      From <b>3</b> ft. to <b>0</b> ft.      From _____ to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below) <b>Conts site</b><br>2 Sewer lines      7 Pit privy      12 Fertilizer storage<br>3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage<br>4 Lateral lines      9 Feedyard      14 Abandoned water well<br>5 Cess pool      10 Livestock pens      15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">3</td> <td style="text-align: center;">Bentonite</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">0</td> <td style="text-align: center;">Surface silts/clays</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        | FROM | TO | PLUGGING MATERIALS | 20 | 3 | Bentonite | 3 | 0 | Surface silts/clays |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO                                                                                                                                                                                                                                                                                                                                                                                                                                            | PLUGGING MATERIALS                                                                         |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                             | Bentonite                                                                                  |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                             | Surface silts/clays                                                                        |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>05/17/07</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>585</b> This Water Well Record was completed on (mo/day/year) <b>05/24/07</b> under the business name of <b>Associated Environmental, Inc.</b> by (signature) <b>B. Johnson</b> |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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 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.                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                                                            |                                                   |            |        |           |        |      |    |                    |    |   |           |   |   |                     |  |  |  |  |  |  |  |  |  |  |  |  |