| WATER                                                                                                                                                                                                                                       | WELL PL      | UGGING RECORD                                  | Form WWC-5P                      | KS    | A 82a-1212                                                    | ID NO.     |               |                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------|----------------------------------|-------|---------------------------------------------------------------|------------|---------------|------------------|--|
|                                                                                                                                                                                                                                             |              |                                                | Fraction<br>SW ¼ NW ¼ N          | E 1/4 | Section Number 32                                             |            | p Number<br>1 | Range Number 23E |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                             |              |                                                |                                  |       |                                                               |            |               |                  |  |
| 205 Front St., Bonner Springs KS                                                                                                                                                                                                            |              |                                                |                                  |       |                                                               |            |               |                  |  |
| 2 WATER WELL OWNER: Bruce Coleman                                                                                                                                                                                                           |              |                                                |                                  |       | Global Positioning System (decimal degrees, min. of 4 digits) |            |               |                  |  |
| RR#, St. Address, Box #: PO Box 456                                                                                                                                                                                                         |              |                                                |                                  |       | Latitude: NA Longitude: NA                                    |            |               |                  |  |
|                                                                                                                                                                                                                                             |              |                                                |                                  |       | Elevation: NA                                                 |            |               |                  |  |
| C                                                                                                                                                                                                                                           | City, State, | ZIP Code: Bonner S                             | prings, KS 66012                 |       | Datum: NA Data Collection Method: NA                          |            |               |                  |  |
| 3 MARK WELL'S LOCATON 4 DEPTH OF WELI                                                                                                                                                                                                       |              |                                                |                                  |       |                                                               |            |               |                  |  |
| J                                                                                                                                                                                                                                           |              | N SECTION                                      |                                  |       |                                                               |            |               |                  |  |
| BOX:                                                                                                                                                                                                                                        |              |                                                | WELL'S STATIC WATER LEVEL NA ft. |       |                                                               |            |               |                  |  |
|                                                                                                                                                                                                                                             |              | N                                              | WELL WAS USED AS:                |       |                                                               |            |               |                  |  |
|                                                                                                                                                                                                                                             |              |                                                |                                  |       |                                                               |            |               |                  |  |
| W I Domestic 5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring 7 Domestic (Lawn & Garden) 11 Injection Well                                                                                                         |              |                                                |                                  |       |                                                               |            |               | · .              |  |
|                                                                                                                                                                                                                                             |              |                                                |                                  |       |                                                               |            |               |                  |  |
| 4 Industrial 8 Air Conditioning 12 Other                                                                                                                                                                                                    |              |                                                |                                  |       |                                                               |            |               |                  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes                                                                                                                                                                          |              |                                                |                                  |       |                                                               |            | Yes No X      |                  |  |
| S was a chemical/bacteriological sample submitted to Department? YesNo_X                                                                                                                                                                    |              |                                                |                                  |       |                                                               |            |               |                  |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                |              |                                                |                                  |       |                                                               |            |               |                  |  |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) (2)PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile                                                                                                                            |              |                                                |                                  |       |                                                               |            |               |                  |  |
|                                                                                                                                                                                                                                             |              |                                                |                                  |       |                                                               |            |               |                  |  |
| Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much 0.5 ft  Casing height above or below land surface NA in.                                                                                                           |              |                                                |                                  |       |                                                               |            |               |                  |  |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Asphalt: 0-0.3 ft                                                                                                                                                   |              |                                                |                                  |       |                                                               |            |               |                  |  |
|                                                                                                                                                                                                                                             |              |                                                |                                  |       |                                                               |            |               |                  |  |
| Grout Plug Intervals: From 0.3 ft. to 20.00 ft., From ft. to 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 Direction from well?                                                                                                                                                                     |              |                                                |                                  |       |                                                               |            |               |                  |  |
| 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?                                                                                                                                                                           |              |                                                |                                  |       |                                                               |            |               |                  |  |
| FROM                                                                                                                                                                                                                                        | TO           | PLUGGING M                                     | IATERIALS                        | FROI  | M TO                                                          | PLU        | GGING MA      | ATERIALS         |  |
| 0                                                                                                                                                                                                                                           | 0.3          | Asphalt Bentonite                              |                                  |       |                                                               |            |               |                  |  |
| 0.3                                                                                                                                                                                                                                         | 20.00        | Bento                                          | nite                             |       |                                                               |            |               |                  |  |
|                                                                                                                                                                                                                                             |              |                                                |                                  |       |                                                               |            |               |                  |  |
|                                                                                                                                                                                                                                             |              | _                                              | _                                |       |                                                               |            |               |                  |  |
| _                                                                                                                                                                                                                                           |              |                                                | _                                |       |                                                               |            |               |                  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was                                                                                                                                      |              |                                                |                                  |       |                                                               |            |               |                  |  |
| completed on (mo/day/year) 3/31/11 and this record is true to the best of my knowledge and belief. Kansas Water                                                                                                                             |              |                                                |                                  |       |                                                               |            |               |                  |  |
| Well Contra<br>business na                                                                                                                                                                                                                  |              | ense No. 757                                   |                                  |       | Record was comple                                             | ed on (mo) | day/year)     | 4/7/11 under the |  |
|                                                                                                                                                                                                                                             |              |                                                |                                  |       | signature)                                                    | H          |               |                  |  |
|                                                                                                                                                                                                                                             |              | Please fill in blanks or of Water, Geology Sec |                                  |       |                                                               |            |               |                  |  |
| Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansa 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. |              |                                                |                                  |       |                                                               |            |               |                  |  |