WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number DE 1/45W14NW14 Distance and direction from nearest town or city street address of well if located within city? 4800 KAW OLOUR WATER WELL OWNER: FUREST VIEW LANDFILL, ATTN: CHARLE BURTON RR#, St. Address, Box #: 4800 KAW ORTVE Board of Agriculture, Division of Water Resources City, State, ZIP Code : KANSAS COTY JS. 66102 Application Number: MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ... 147.68 ... ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering -N 10 Monitoring Web 11 Injection Well 6 Oil Field Water Supply 2 Irrigation 7 Lawn and Garden Only 3 Feedlot Ε 4 Industrial 8 Air Conditioning 12 Other... Was a chemical/bacteriological sample submitted to Department? Yes....No If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... No.... TYPE OF BLANK CASING USED: 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) € PVC 6 Asbestos-Cement 8 Concrete Tile 4 ABS Was casing pulled? Yes .... No..... If yes, how much. 36. FALLE ···in. Blank casing diameter. G Bentonite GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ) 4 Other. From. 3. ft. to. 1.5.4t., From......t. to ......ft., Grout Plug Intervals: What is the nearest source of possible contamination: 16 Other (specify below) 1 Septic tank 11 Fuel storage 6 Seepage pit 12 Fertilizer storage 2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage VIEW LANDFELL 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? ..... How many feet? ..... FROM TO PLUGGING MATERIALS

contractor's OR LANDOW on (mo/day/year)2 Water Well Contractor by (signature)	NER'S CERTIFICATION: This was and this results of the second seco	water well was plugge record is true to the This Water w name of	ed under my jurisdiction be best of my knowledge a Well Record was complete STATION CONTRACTOR	and was completed and belief. Kansas d on (mo/day/year)
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INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.