| MW-11 \  | NATER WE            | LL PLUGG  | ING REC                          | ORD                        | I      | Form V                | VWC-5P           |  | KSA 82a-1212      | ID No                 |                    |  |
|--|---------------------|---|----------------------------------|----------------------------|--------|-----------------------|------------------|--|-------------------|-----------------------|--------------------|--|
| 1 LOCAT  | ION OF WAT          | ER WELL:  | Fraction                         | 1                          |        |                       |                  |  | Section Number    | Township Number       | Range Number       |  |
| County:  | Wyandott            | е   | NW                               | 1/4                        | SW     | 1/4                   | NW 3             | 1/4  | 16                | 11                    | 25                 |  |
| Distance and direction from nearest town or city street address of well if located within city?  215 S 18 <sup>th</sup> St., Kansas City, KS   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| 2 WATER WELL OWNER: ATOFINA Petrochemicals   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| RR#, St. Address, Box # P.O. Box 674411 Board of Agriculture, Division of Water Resources  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| City, State, ZIP Code : Houston, Texas 77267-4411 Application Number:  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| 3 "X" IN S   | 4 D                 | DEPTH OF WELL 30.0 ft.  |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| X WELL'S STATIC WATER LEVEL 23.4 ft.   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  | NW                  | W   | WELL WAS USED AS:                |                            |        |                       |                  |  |                   |                       |                    |  |
| X  | 1                   |   | 1 Domestic 5 Public Water Supply |                            |        |                       |                  |  | 9 Dewaterii       | ng                    |                    |  |
| w  | Е                   | 2 Irrigation  |                                  |                            |        |                       | eld Water Supply | 10 Monitorin                                   |                   |                       |                    |  |
|  |                     | 3 Feedlot 7 Lawn and Garden (d<br>4 Industrial 8 Air Conditioning |                                  |                            |        |                       |                  | •  |                   |                       |                    |  |
|  | sw                  |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| Was a chemical/bacteriological sample submitted to Department?  Yes  No X  If yes, mo/day/yr sample was submitted  |                     |   |                                  |                            |        |                       |                  |  |                   |                       | NO _A_             |  |
| Water Well Disinfected: Yes No X   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| 5 TYPE OF BLANK CASING USED:   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter 2 in. Was casing pulled? Yes x No If yes, how much Overdrilled 20 ft.   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| Casing height above or below land surface ≈ -6 in.   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| Grout Plug Intervals From 0.5 ft. to 30 ft. From ft. to ft. From ft. to ft.  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| What is the nearest source of possible contamination:  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| what is the hearest source of possible contamination.  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  |                     |   |                                  | Seepage pit                |        |                       |                  | 11 Fuel storage 16 Other (specify below)       |                   |                       | elow)              |  |
| 2 Se   | •                   | Pit privy   |                                  |                            |        | 12 Fertilizer storage |                  |  |                   |                       |                    |  |
| -  |                     |   | _                                | Sewage lagoon              |        |                       |                  | 13 Insecticide storage 14 Abandoned water well |                   |                       |                    |  |
|  |                     |   | •                                | Feedyard<br>Livestock pens |        |                       |                  | 15 Oil well/ Gas well                          |                   |                       |                    |  |
|  |                     | nknown  | TO LIVESTO                       | ock pen                    | 13     |                       |                  |  |                   |                       |                    |  |
| Direction fro  | om well? U          |   |                                  |                            |        |                       |                  |  | et? Unknown       |                       |                    |  |
| FROM   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| 0  | 0.5 ft.             |   | ncrete                           |                            |        |                       |                  |  |                   |                       |                    |  |
| 0.5 ft.  | .5 ft. 30 ft. Bento |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  | mo/day/yr)          |   |                                  | 6/05                       |        |                       |                  |  |                   | best of my knowledge  |                    |  |
| Water Well Contractor's License No. 616 This Water Well Record was completed on (mo/day/yr)  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| 8/16/05 under the business name of Thiele Geotech, Inc.  |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| by (signature)   |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
|  |                     |   |                                  |                            |        |                       | rrect ansv       | wers   | s. Send three cop | ies to Kansas Departi | ment of Health and |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records. |                     |   |                                  |                            |        |                       |                  |  |                   |                       |                    |  |
| Send   | one to Wa           | ter Well Ov   | vner and i                       | etain                      | one to | r your                | records.         |  |                   |                       | į                  |  |