mw-IR 374 855 WATER WELL PLUGGING RECORD Form WWC-5P ID NO. KSA 82a-1212 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number NW14 SE14 NW14 County: WYANDO THE THS P25 22 Distance and direction from nearest town or city street address of well if located within city?

FROM CENTER OF INTERSECTION OF PACKARD & 6586E, 60 1000 FT EAST, 430 PEET NO PTH Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 39 5 8.17 11 Longitude: 47 37 16.49 11 Elevation: 146.22 Topo F (ASIN) WATER WELL OWNER: RICHARD ARROYO RR#, St. Address, Box #: GRAYAM SHIP By TRUCK CO. P.O. Box 2936 City, State ZIP Code: KANYOKS CONY, KS 66110 Data Collection Method: Gooble EARTH/SURVEY MARK WELL'S LOCATION **DEPTH OF WELL** WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL 33.0 ft BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply (10) Monitoring 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other Was a chemical/bacteriological sample submitted to Department? Yes_______No TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) **PVC** 4 ABS 6 Asbestos-Cement 8 Concrete Tile in. Was casing pulled? Yes X No ____ If yes, how much 35 Blank casing diameter Casing height above or below and surface _______in. 4 Other Conc. **GROUT PLUG MATERIAL:** 2 Cement grout (3 Bentonite) 1 Neat cement From ft. to ft., From 2 to 0 ft. Grout Plug Intervals: 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 Direction from well? 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? PLUGGING MATERIALS TO **FROM** TO PLUGGING MATERIALS FROM bentonite chips conci 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _______ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _______ This Water Well Record was completed on (mo/day/year) _______ under the by (signature) business name of -INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at http://www.kdheks.gov/geo/waterwells.