mW6R 374B40 WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. Township Number LOCATION OF WATER WELL: Fraction Section Number Range Number County: WANDOTTE T115 NW 1/4 SE 1/4 NW 1/4 Distance and direction from nearest town or city street address of well if located within city?

PROM INTERSECTION OF PAULIANO 7 0306E, 60 960 FEET LAST, THEN 545 KAET NOTH WATER WELL OWNER: RICHARDS APPROVO BRANTAM SHIP BY TRUCK, W.

P.O. Box 2936 Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 39° 5° 9° 16"

Longitude: 94° 37′ 17.91″ Elevation: 743.95 TOD OF CASIND City, State ZIP Code: Datum: HANSAS CVTY / KS 6610 Data Collection Me LOCATION 4 DEPTH OF WELL 35 ft. Data Collection Method: 6006 HARTH / SURVEY MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL____26 BOX: WELL WAS USED AS: 9 Dewatering 1 Domestic 5 Public Water Supply 2 Irrigation 6 Oil Field Water Supply 10 Monitoring W 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: 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 6 Asbestos-Cement 8 Concrete Tile 4 ABS Blank casing diameter ______ in. Was casing pulled? Yes ______ No _____ If yes, how much _______ State of the Casing height above or below land surface ______5 in. 3 Bentonite 4 Other CODC **GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout From ______ft. to ______ft., From _______ft., From ______ft., From ______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 8 Sewage lagoon 3 Watertight sewer lines 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 PLUGGING MATERIALS **FROM FROM** TO bentonite chips Conc. 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-30-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 614 . This Water Well Record was completed on (mo/day/year) 5 2 0 under the business name of The Text The by (signature) by (signature) INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline of 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.