374824 WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: WY MY DOTTE NW 1/3E 1/4 HW 1/4 スマン TUS Distance and direction from nearest town or city street address of well if located within city? FROM THE CONTER OF INTERDECTION THEN 340 PEET NOMA FEET WATER WELL OWNER: PICHATTO APPROVA Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 39 5 7.33 Longitude: 94 37 13.82 RR#, St. Address, Box #: Truly O Elevation: P.O. Box 2936 City, State ZIP Code: Datum: Data Collection Method: Gooble LARTH SURVE KANGUS (MY, KS 66 110 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL_ WELL WAS USED AS: 5 Public Water Supply 9 Dewatering 1 Domestic 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: 5 Wrought 7 Fiberglass 9 Other (Specify below) 3 RMP (SR) 4 ABS 6 Asbestos-Cement 8 Concrete Tile 2 PV**O** Blank casing diameter ____ in. Was casing pulled? Yes ____ No_____ If yes, how much ______ 37-_____ Casing height above or below land surface _______ in. 4 Other Conc. **GROUT PLUG MATERIAL:** 3 Bentonite 1 Neat cement 2 Cement grout From \$\frac{1}{2}\) to \$\frac{1}{2}\) ft., From \$\frac{1}{2}\) ft. to \$\frac{1}{2}\) ft., From \$\frac{1}{2}\) ft. Grout Plug Intervals: What is the nearest source of possible contamination: 11 Fuel Storage 1 Septic tank 6 Seepage pit 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 8 Sewage lagoon 3 Watertight sewer lines 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? _____ PLUGGING MATERIALS **FROM** TO PLUGGING MATERIALS **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. This Water Well Record was completed on (mo/day/year) 1-109 under the by (signature) 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.