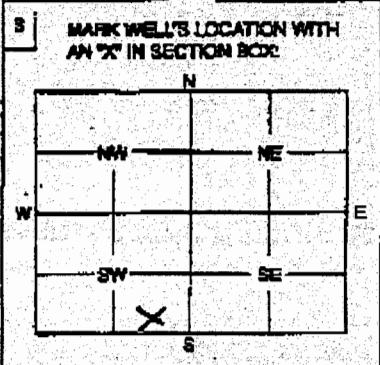


WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number
 County: Shawnee N 50 W S 14 E 9 12 16 EM

Distance and direction from nearest town or city street address of well if located within city?
2748 SE 29th St, Topeka, KS 66605

2 WATER WELL OWNER: Neil Gilbert
 RR #, St. Address, Box #: 3420 SE Pueblo Pl. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Tecumseh, KS 66542 Application Number:



4 DEPTH OF WELL 40 ft.
 WELL'S STATIC WATER LEVEL 20 ft.
 WELL WAS USED AS:
 1 Domestic 2 Irrigation 3 Domestic (Lawn & Garden) 4 Industrial
 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning
 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Abandoned
 Was a chemical / bacteriological sample submitted to Department? Yes No
 If yes, m/d/y sample was submitted _____
 Water Well Disinfected: Yes Yes No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 2 PVC 3 RMP (SRI) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) Rock lined
 Blank casing diameter 72 in. Was casing pulled? Yes _____ No Yes If yes, how much _____
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug intervals: From 5 ft. to 4.5 ft. From _____ ft. to _____ ft. From _____ to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Wastewater sewer lines 4 Lateral lines 5 Cess pool
 6 Storage pit 7 PR privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens
 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well? West How many feet? 50 ft

FROM	TO	PLUGGING MATERIALS
40	20	Sand
20	5	Clay
5	4.5	Bentonite
4.5	0	Topsoil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (month/year) 1-27-11 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 (month/year) _____ under the business name of DR Plumbing & Excavating by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point 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.