ID NO. MW-56 (618-4AW) KSA 82a-1212 WATER WELL PLUGGING RECORD Form WWC-5P LOCATION OF WATER WELL: Fraction Number Township Number Range Number Section JOHNSON SE 14 NW4 SW 14 Distance and direction from nearest town or city street address of well if located within city? JOHNSON COUNTY LANDFILL 18181 W 5344 ST. Shawnee, KS 66217 2 WATER WELL OWNER: Board of Agriculture, Division of Water Resources RR #, St. Address, Box #: City, State, ZIP Code : Application Number: DEPTH OF WELL 162.83 ft. 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 136.54 ft. WELL WAS USED AS: - NE 1 Domestic 5 Public Water Supply 10 Monitoring Well 6 Oil Field Water Supply 2 Irrigation 7 Domestic (Lawn & Garden) 11 Injection Well 3 Feedlot W 4 Industrial 8 Air Conditioning 12 Other ..... Was a chemical / bacteriological sample submitted to Department? Yes ............. No ... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes ...... No .... S TYPE OF BLANK CASING USED: 5 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 4 ABS 6 Asbestos-Cement PVC 8 Concrete Tile Blank casing diameter ..... 2 in. If yes, how much 26,5 Then overdrilled (3 Bentonite) GROUT PLUG MATERIAL: Neat cement 2 Cement grout 4 Other..... 6 to 1730 ft. From ..... tt. to ...... ft., From ..... Grout Plug Intervals: What is the nearest source of possible contamination: 1 Septic tank 11 Fuel storage 16 Other (specify below) 6 Seepage pit MSWLF 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 14 Abandoned water well 4 Lateral lines 9 Feedyard 5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well? ..... How many feet? ..... **FROM** TO PLUGGING MATERIALS CONTRACTOR'S OF 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. 550 This Water Well Record was completed on (mo/day/year) under the business name of D.F.S. by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.