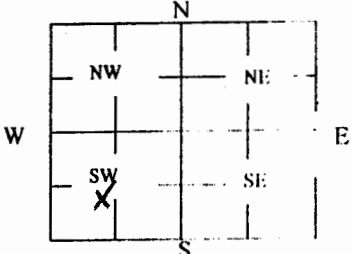


DW-2

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

|                                                                                                                                                                                                                             |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: Johnson                                                                                                                                                                                | Fraction<br>$\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ | Section Number<br>26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Township Number<br>T 12 S | Range Number<br>25 <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 100'S of 84th Terr & State Line Rd Prairie Village KS |                                                                              | Global Positioning Systems (GPS) information:<br>Latitude: 38.9806 (in decimal degrees)<br>Longitude: 94.6141 (in decimal degrees)<br>Elevation:<br>Datum: <input type="checkbox"/> WGS84, <input checked="" type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method: <u>Garmin etrek</u><br><input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin etrek</u> )<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |                           |                                                                                     |
| 2 WATER WELL OWNER: Atlantic Richfield Co<br>RR#, St. Address, Box #: 150 St Peters Centre Blvd<br>City, State ZIP Code: St. Peters, MO 63376                                                                               |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                     |

|                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br> | 4 DEPTH OF WELL <u>32.6</u> ft.<br>WELL'S STATIC WATER LEVEL _____ ft<br>WELL WAS USED AS:<br><input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input checked="" type="checkbox"/> Dewatering<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring<br><input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well<br><input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____<br>Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

5 TYPE OF BLANK CASING USED:

☒ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below)  
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ Concrete Tile

Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much all  
 Casing height above or below land surface -6 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_

Grout Plug Intervals: From 3 ft. to 32.6 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
☐ Septic tank ☐ Seepage pit ☐ Fuel Storage ☒ Other (specify below) Gas Station  
☐ Sewer lines ☐ Pit privy ☐ Fertilizer storage  
☐ Watertight sewer lines ☐ Sewage lagoon ☐ Insecticide storage  
☐ Lateral lines ☐ Feedyard ☐ Abandoned water well Direction from well? E  
☐ Cess pool ☐ Livestock pens ☐ Oil well/Gas well How many feet? 100

| FROM | TO   | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|------|--------------------|------|----|--------------------|
| 0    | 3    | Top Soil           |      |    |                    |
| 3    | 32.6 | Bentonite          |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/13/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 12/27/12 under the business name of Below Ground Surface, Inc. by (signature) rd-2

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: ☐ White Copy ☐ Blue Copy ☐ Pink Copy