

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>Johnson</u>	<u>NW 1/4 SW 1/4 SE 1/4</u>	<u>8</u>	<u>13S</u>	<u>22E</u> E/W																								
Distance and direction from nearest town or city street address of well if located within city? <u>5000 ft south of 35400 W 103rd St. De Soto, KS</u>																													
2	WATER WELL OWNER: <u>Sunflower Redevelopment, LLC</u>																												
	RR #, St. Address, Box #: City, State, ZIP Code : <u>7991 Shaffer PKWY.</u> <u>Littleton, CO 80127</u>		Board of Agriculture, Division of Water Resources Application Number:																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>8</u> ft.																									
N <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> </table> S W E		NW	NE	SW	SE	WELL'S STATIC WATER LEVEL <u>NA</u> ft.																							
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		WELL WAS USED AS:																											
① Domestic 2 Irrigation 3 Feedlot 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 <u>Fluorescent Tube Disposal</u>																													
Was a chemical / bacteriological sample submitted to Department? Yes No <u>not known</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>not known</u>																													
5	TYPE OF BLANK CASING USED:																												
	1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile ⑨ Other (Specify below) <u>Rock-Lined</u>																												
	Blank casing diameter <u>6 ft</u> Was casing pulled? ☒ Yes No If yes, how much <u>Entire well removed</u> Casing height above or below land surface in.																												
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite ④ Other <u>concrete</u>																												
	Grout Plug Intervals: From <u>2.5</u> ft. to <u>3</u> ft., From ft. to ft., From to ft.																												
	What is the nearest source of possible contamination:																												
	1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit 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) <u>Fluorescent tubes and debris were removed prior to plugging.</u>																												
	Direction from well? <u>in well</u> How many feet? <u>N/A</u>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">2.5</td> <td style="text-align: center;">clay</td> </tr> <tr> <td style="text-align: center;">2.5</td> <td style="text-align: center;">3</td> <td style="text-align: center;">concrete</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">9</td> <td style="text-align: center;">clay</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">11</td> <td style="text-align: center;">gravel</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	0	2.5	clay	2.5	3	concrete	3	9	clay	9	11	gravel									
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>between 9/1/97 and 10/31/97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>04/23/09</u> under the business name of <u>Army</u> by (signature) <u>Lony E. Sparr</u>																												
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.																													

Plugging information compiled
from SFAAP records
I was not present. This
information retrieved from files.