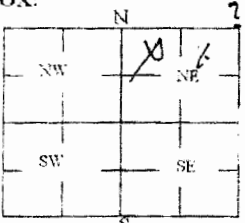


# WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: Fraction County: <u>JOHNSON</u> <u>NW 1/4 NE 1/4 NE 1/4</u> Section Number <u>13</u> Township Number <u>T 13 S</u> Range Number <u>23</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Global Positioning Systems (GPS) information: Latitude: <u>38.926754</u> (in decimal degrees) Longitude: <u>-94.799293</u> (in decimal degrees) Elevation: <u>984</u> Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method:
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"/> <u>COLLEGE BLVD + RIDGEVIEW</u> <u>OLATHE, KS</u> <u>ATTN: ZAC SCHULCRAFT</u>	

2 WATER WELL OWNER: <u>TY MORROW CONST INC</u> RR#, St. Address, Box #: <u>6509 WINDCREST DR SUITE 600</u> City, State ZIP Code: <u>PLANO TX, 75024</u>	<input type="checkbox"/> GPS unit (Make/Model: <u>GOOGLE EARTH</u> ) <input type="checkbox"/> Digital Map/Photo. <input type="checkbox"/> Topographic Map. <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m. <input type="checkbox"/> 3-5 m. <input type="checkbox"/> 5-15 m. <input type="checkbox"/> > 15 m
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>5'-5'6"</u> ft. WELL'S STATIC WATER LEVEL <u>3</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED: <u>N/A - ROCK STACKED WALLS APPROX 6' DIA</u> <input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (Specify below) <u>ROCK</u> <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile Blank casing diameter <u>72"</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3-4'</u> Casing height above or below land surface _____ in.
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6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other <u>CLAY TOP</u> Grout Plug Intervals: From <u>4'</u> ft. to <u>2'</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <u>N/A</u> <u>ON TOP OF HILL STANDING IS MORE</u> <input type="checkbox"/> Septic tank <input type="checkbox"/> Seepage pit <input type="checkbox"/> Fuel storage <input type="checkbox"/> Other (specify below) <u>THAT LIKELY</u> <input type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage <u>GROUN WATER</u> <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Insecticide storage <u>FROM OPEN ROCK</u> <input type="checkbox"/> Lateral lines <input type="checkbox"/> Feedyard <input type="checkbox"/> Abandoned water well Direction from well? _____ <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well How many feet? _____
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FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	2	CLAY/TOPOIL			
2	4	GROUT FLOW FILL			
4	5.5	CASING ROCKS/SAND/FLOW FILL			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4.19.22</u> 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) <u>4.19.22</u> under the business name of <u>LOAN SALES EXCAVATING</u> by (signature) <u>[Signature]</u>
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Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
Visit us at <http://www.kdheks.org/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015