

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

1 LOCATION OF WATER WELL: County: Johnson	Fraction ne ¼ se ¼ ne ¼ nw ¼	Section Number 35	Township Number T 14 S	Range Number 22 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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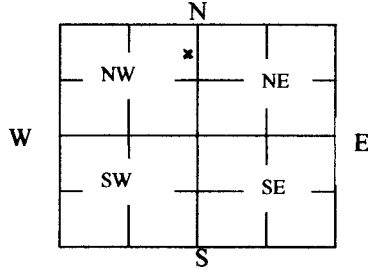
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: **38.794220** (in decimal degrees)
 Longitude: **-94.936985** (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: North Point Development
 RR#, St. Address, Box #: **4825 NW 41st Street Suite 500**
 City, State ZIP Code: **Riverside, MO 64150**

GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 17 **ft.**

WELL'S STATIC WATER LEVEL 8 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 No

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 96 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

- What is the nearest source of possible contamination: None Open Field
- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | |
| Direction from well? _____ | | | |
| How many feet? _____ | | | |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
17	0	lime screenings			
		Note: Top 15.5' will be excavated			
		away for building grade			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 07/19/2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 561. This Water Well Record was completed on (mo/day/year) 07/20/2017 under the business name of Evans Energy Development, Inc. by (signature) [Signature]

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.gov/waterwell/index.html> Telephone 785-296-5524.