

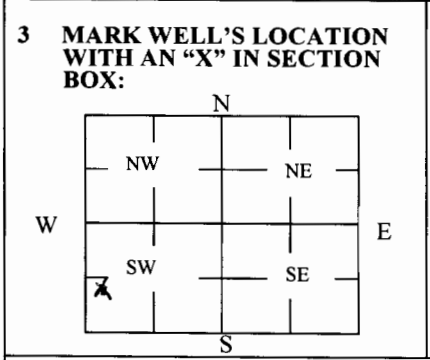
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: County: Osage Fraction: 1/4 NW 1/4 SW 1/4 SW 1/4 Section Number: 8 Township Number: T 15 S Range Number: 15 E W

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: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____
 GPS unit (Make/Model): _____
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: Howard Rowe
 RR#, St. Address, Box #: 17160 S Urish Rd
 City, State ZIP Code: Scranton KS 66537



4 DEPTH OF WELL 100 ft.
 WELL'S STATIC WATER LEVEL _____ ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning 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 _____
 Blank casing diameter 8 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Concrete
 Grout Plug Intervals: From 0 ft. to 100 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	100	Concrete			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-12-1983 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) _____ under the business name of _____ by (signature) Howard Rowe

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.