

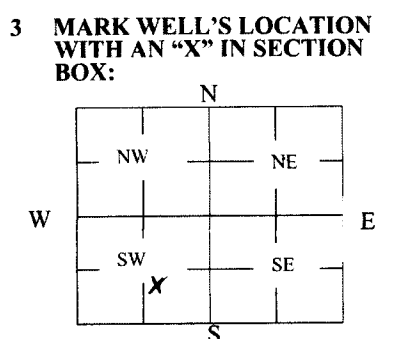
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL: Fraction NW 1/4 SW 1/4 SE 1/4 SW 1/4 Section Number 13 Township Number 19T S Range Number 17E E W
 County: Marion

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 630 220th Highway KS

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 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: Chasen C. Gann
 RR#, St. Address, Box #: PO Box 482
 City, State ZIP Code: Carleton, KS 67428



4 DEPTH OF WELL _____ **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
 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 _____ in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 4 in. Below

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Plug Intervals: From _____ ft. to _____ 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)
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned storage
 Cess pool Livestock pens Oil well/Gas well
 Direction from well? West
 How many feet? 250ft

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|--------|------|--------------------|------|----|--------------------|
| Bottom | 20ft | Rocks + sand | | | |
| 20ft | 15 | Bentonite | | | |
| 15 | 12ft | Concrete | | | |
| 12 | 0 | Top Soil | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/25/2016 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) 1/22/2016 under the business name of Chasen C. Gann by (signature) Chasen C. Gann

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