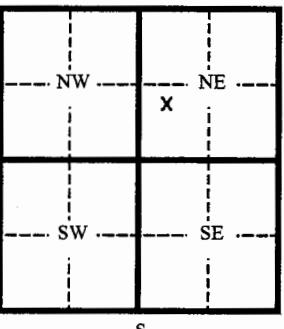


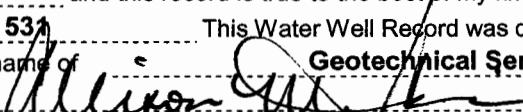
## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. 00350651

1 LOCATION OF WATER WELL:		Fraction NW 1/4 SW 1/4 NE 1/4		Section Number 35	Township Number 25	Range Number 05E																																				
Distance and direction from nearest town or city street address of well if located within city? <b>1400 N Main Street</b>																																										
2 WATER WELL OWNER:		Mark McCabe 2849 West 4 <sup>th</sup> St. El Dorado, KS 67042		Board of Agriculture, Division of Water Resources Application Number:																																						
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		<input type="checkbox"/> 4 DEPTH OF WELL ..... <b>20.25</b> ft. Originally drilled to 20 feet bgs  WELL'S STATIC WATER LEVEL ..... <b>3.5</b> ft.																																								
		WELL WAS USED AS: <table> <tr><td>1 Domestic</td><td>5 Public Water Supply</td></tr> <tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td></tr> <tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td></tr> </table>		1 Domestic	5 Public Water Supply	2 Irrigation	6 Oil Field Water Supply	3 Feedlot	7 Lawn and Garden (domestic)	4 Industrial	8 Air Conditioning	<table> <tr><td>9 Dewatering</td></tr> <tr><td>10 Monitoring Well</td></tr> <tr><td>11 Injection Well</td></tr> <tr><td>12 Other</td></tr> </table>			9 Dewatering	10 Monitoring Well	11 Injection Well	12 Other																								
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Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <b>X</b> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input type="checkbox"/> No <b>X</b>																																										
5 TYPE OF BLANK CASING USED:																																										
1 Steel <b>2 PVC</b>		3 RMP (SR) 4 ABC		5 Wrought 6 Asbestos-Cement		7 Fiberglass 8 Concrete Tile 9 Other (specify below)																																				
Blank casing diameter ..... in. Was casing pulled? Yes <b>X</b> No ..... If yes, how much <b>20 feet</b>																																										
Casing height above or below land surface ..... in. <b>Overdrilled to 20 feet below ground surface</b>																																										
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																										
Grout Plug Intervals From <b>0.5</b> ft. to <b>20</b> ft. From ..... ft. to ..... ft. From ..... ft. 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)																																				
Direction from well? ..... How many feet? .....																																										
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>9-9-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>9-19-05</b> under the business name of <b>Geotechnical Services, Inc.</b>					
by (signature) 						

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.