WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 LOCATION OF WATER WELL: Fraction Number Number Section Township Number Range Sedgwick County: NE₁₄ NE₁₄ NW 1/4 20 26 Distance and direction from nearest town or city street address of well if located within city? 703 W. 53rd St. North, Wichita 2 QuikTrip Corporation WATER WELL OWNER: PO Box 3475 RR #, St. Address, Box #: Board of Agriculture, Division of Water Resources Tulsa, OK 74101 City, State, ZIP Code Application Number: DEPTH OF WELL MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ... n/a ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 2 Irrigation (10) Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well E ١٨ 4 Industrial 8 Air Conditioning 12 Other If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes NoX TYPE OF BLANK CASING USED: 5 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) (2)PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile If yes, how much 19.5 Blank casing diameter2...... in. No Was casing pulled? Casing height above or below land surface in. (4)Other Cement (3) Bentonite GROUT PLUG MATERIAL: 2 Cement grout 1 Neat cement 6 From 0.5 ft to 29.5 ft. to 0.5 ft., From 0 ft. Grout Plug Intervals: What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit.privy 12 Fertilizer storage . 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 14 Abandoned water well 4 Lateral lines 9 Feedyard 5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well? How many feet? FROM PLUGGING MATERIALS TO 0 0.5 Cement (8") 0.5 20 Bentonite (8") 20 29.5 Bentonite (2") VOBW1 GeoCore #828 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _______ and this record is true to the best of my knowledge and belief. Kansas ense No. _______527 This Water Well Record was completed on (mo/day/year) under the bysiness name of _______ This water well record was completed on (mo/day/year) by (signature)

INSTRUCTIONS: Use typewriter or ball point 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.