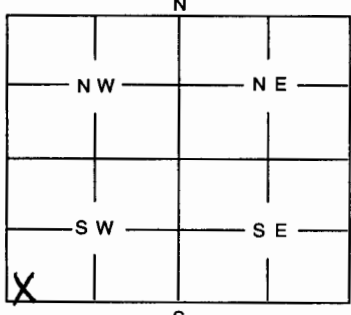


PLUGGING  
MW-5

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LOCATION OF WATER WELL:<br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fraction<br><u>SW 1/4 SW 1/4 SW 1/4</u> | Section Number<br><u>17</u> | Township Number<br><u>27S</u> | Range Number<br><u>2E</u> |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-------------------------------|---------------------------|------|----|--------------------|-----------|----------|------------------|----------|-----------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Distance and direction from nearest town or city street address of well if located within city?<br><u>8002 E. Central, Wichita KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WATER WELL OWNER: <u>Clear Channel, Attn: D. Mollhagen</u><br>RR #, St. Address, Box #: <u>3405 N. Hydraulic</u><br>City, State, ZIP Code: <u>Wichita KS 67219</u><br>Board of Agriculture, Division of Water Resources<br>Application Number: <u>Previous owner: Rock Rd 66</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;">  </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DEPTH OF WELL ..... <u>30</u> ..... ft<br>WELL'S STATIC WATER LEVEL ..... <u>NA</u> ..... ft.<br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial         </div> <div>           5 Public Water Supply<br/>6 Oil Field Water Supply<br/>7 Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning         </div> <div>           9 Dewatering<br/><u>10</u> Monitoring Well<br/>11 Injection Well<br/>12 Other .....         </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....<br>If yes, mo/day/yr sample was submitted .....<br>Water Well Disinfected: Yes ..... No <u>X</u> .....                                                                                                                                                                                    |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TYPE OF BLANK CASING USED:<br>1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)<br><u>2</u> PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile<br>Blank casing diameter ..... <u>2</u> ..... in.    Was casing pulled?    Yes ..... No <u>X</u> .....    If yes, how much .....<br>Casing height above or below land surface ..... in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GROUT PLUG MATERIAL:    1 Neat cement <del>2</del> Cement grout <u>3</u> Bentonite    4 Other <u>silts/clays</u><br>Grout Plug Intervals:    From <u>2</u> <u>20</u> ft. to <u>3</u> ft.,    From <u>2</u> <u>3</u> ft. to <u>65</u> ft.,    From ..... to ..... ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank<br/>2 Sewer lines<br/>3 Watertight sewer lines<br/>4 Lateral lines<br/>5 Cess Pool         </div> <div>           6 Seepage pit<br/>7 Pit privy<br/>8 Sewage lagoon<br/>9 Feedyard<br/>10 Livestock pens         </div> <div>           11 Fuel storage<br/>12 Fertilizer storage<br/>13 Insecticide storage<br/>14 Abandoned water well<br/>15 Oil well/Gas well         </div> <div> <u>16</u> Other (specify below)<br/><u>cont. site</u> </div> </div> Direction from well? .....    How many feet? ..... |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>20</u></td> <td><u>3</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>3</u></td> <td><u>65</u></td> <td><u>silts + clays</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                             |                               |                           | FROM | TO | PLUGGING MATERIALS | <u>20</u> | <u>3</u> | <u>Bentonite</u> | <u>3</u> | <u>65</u> | <u>silts + clays</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLUGGING MATERIALS                      |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Bentonite</u>                        |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>65</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>silts + clays</u>                    |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>7-16-02</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u><br>This Water Well Record was completed on (mo/day/year) ..... <u>7/23/02</u> ..... under the business name of <u>Assoc. Env. Inc.</u><br>by (signature) <u>D. John</u> for <u>D. John</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                             |                               |                           |      |    |                    |           |          |                  |          |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |