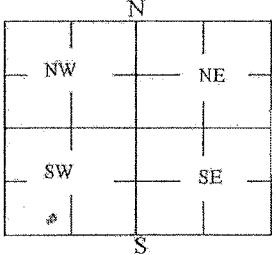OB-3 (T-3)

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

| 1 | LOCATION OF WATER WELL: County: Butler | Fraction SE ¼ ¼ SW ¼ SW ¼ | Section Number 22 | Township Number 29-T S | Range Number 4 ☑ 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: _____
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:
RR#, St. Address, Box #: Coastal Mart
City, State ZIP Code: 610 W 29TH Augusta, KS

3   MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

```
        N
  NW  |  NE
W ----+----  E
  SW  |  SE
   *    
        S
```

4   DEPTH OF WELL ___141___ 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 Soil Vapor Extraction

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 _4.5_ in. Was casing pulled? Yes ☑ No ☐ If yes, how much __3 ft__
Casing height above or below land surface _____ in.
Flush Mount

6   GROUT PLUG MATERIAL: ☑ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other _____

Grout Plug Intervals: From _0_ ft to _14_ 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   Direction from well? _North_
☐ Cess pool   ☐ Livestock pens   ☐ Oil well/Gas well   How many feet? _31_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	14	Neat Cement			
					RECEIVED
					MAY 23 2011
					BUREAU OF WATER

7   CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _04/30/11_ 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) _5/19/11_ under the business name of _Prudent Technologies_ by (signature) _____

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.