

SS01-P204B

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

[Empty box for ID number]

1 LOCATION OF WATER WELL: County: Sedgwick Fraction 1/4 NE 1/4 SW 1/4 Section Number 6 Township Number T 28 S Range Number 2 [X] E [] W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [] Well located within McConnell AFB, Wichita, KS

Global Positioning Systems (GPS) information: Latitude: 37.64090 Longitude: 97.25350 Elevation: Datum: [X] WGS84, [] NAD83, [] NAD27 Collection Method: [X] GPS unit (Make/Model: Garmin 60C) [] Digital Map/Photo, [] Topographic Map, [] Land Survey Est. Accuracy: [] < 3 m, [X] 3-5 m, [] 5-15 m, [] > 15 m

2 WATER WELL OWNER: 22 CEI/CEIER RR#, St. Address, Box #: 15657830 Pittsburg St., St City, State ZIP Code: McConnell AFB, KS 67221

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing a 3x3 grid with 'X' in the SW section] 4 DEPTH OF WELL 21.0 ft. WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: [] Domestic [] Irrigation [] Feedlot [] Industrial [] Public Water Supply [] Oil Field Water Supply [] Domestic (Lawn & Garden) [] Air Conditioning [] Dewatering [X] Monitoring [] Injection Well [] Other _____ Was a chemical/bacteriological sample submitted to Department? Yes [] No [X]

5 TYPE OF BLANK CASING USED: [X] Steel [] RMP (SR) [] Wrought [] Fiberglass [] Other (Specify below) [X] PVC [] ABS [] Asbestos-Cement [] Concrete Tile Blank casing diameter 1 in. Was casing pulled? Yes [X] No [] If yes, how much 11 Casing height above or below land surface -2 in.

6 GROUT PLUG MATERIAL: [X] Neat cement [] Cement grout [] Bentonite [] Other _____ Grout Plug Intervals: From 21 ft. to 3 ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: [] Septic tank [] Sewer lines [] Watertight sewer lines [] Lateral lines [] Cess pool [] Seepage pit [] Pit privy [] Sewage lagoon [] Feedyard [] Livestock pens [] Fuel Storage [] Fertilizer storage [] Insecticide storage [] Abandoned water well [] Oil well/Gas well [] Other (specify below) _____ Direction from well? _____ How many feet? _____

Table with 6 columns: FROM, TO, PLUGGING MATERIALS, FROM, TO, PLUGGING MATERIALS. Row 1: 21, 3, Neat Cement. Row 2: 3, 0, Topsoil.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/13/2014 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 12/27/2014 under the business name of Below Ground Surface, Inc. by (signature) [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.

Check one: [] White Copy [] Blue Copy [] Pink Copy