WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

Lot 2 Block C Nelson Second Add'n

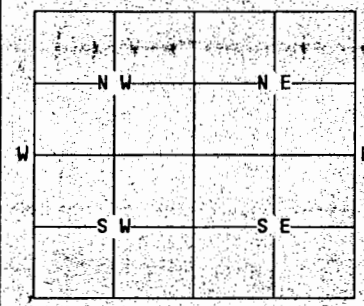
1 LOCATION OF WATER WELL: Fraction: NW 1/4 NE 1/4 NW 1/4 Section Number: 3 Township Number: 29 Range Number: 1E

County: Sedgwick

Distance and direction from nearest town or city street address of well if located within city?
344 N DeLos Haysville

2 WATER WELL OWNER: Randall Stapleton
RR#, St. Address, Box #: 344 N DeLos
City, State, ZIP Code : Haysville KS 67060
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 24 ft.
WELL'S STATIC WATER LEVEL 14 ft.

WELL WAS USED AS:
1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
3 Feedlot (7) Lawn and Garden Only 11 Injection Well
4 Industrial 8 Air Conditioning 12 Other

Was a chemical/bacteriological sample submitted to Department? Yes.... No. X
If yes, mo/day/yr sample was submitted.....
Water Well Disinfected: Yes X No.....

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile .....

Blank casing diameter 2 in. Was casing pulled? Yes..... No..... If yes, how much.....
Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: (1) Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From 24 ft. to 3 ft., From.....ft. to .....ft., From..... to.....ft.

What is the nearest source of possible contamination:
1 Septic tank 6 Seepage pit 11 Fuel storage (12) Other (specify below) Termite Treatment
2 Sewer lines 7 Pit privy 12 Fertilizer storage
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
4 Lateral lines 9 Feedyard 14 Abandoned water well
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well

Direction from well? West How many feet? .....ft.

FROM	TO	PLUGGING MATERIALS
24	3	28 Cement
3	0	0 Compact Soil

RECEIVED
JUL 23 1999
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) 7-17-99 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) ..... under the business name of .....
by (signature) Randall Stapleton

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.

WFI