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

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction	Section Number	Township Number	Range Number
	SE ¼ NE ¼ NE ¼	31	29S	2E

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

1203 N. 2nd St. Mulvane, KS

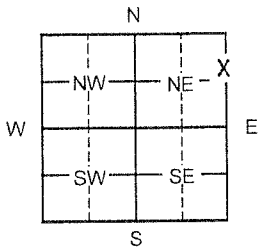
2 WATER WELL OWNER: Kabredlo's #276

RR#, St. Address, Box #: 2601 West L St.

City, State, ZIP Code: Lincoln NE 68522

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: NA
Longitude: NA
Elevation: NA
Datum: NA
Data Collection Method: NA

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



4 DEPTH OF WELL 28.30 ft. MW8

WELL'S STATIC WATER LEVEL NA ft.

WELL WAS USED AS:

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

Was a chemical/bacteriological sample submitted to Department? Yes ___ No X

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

Blank casing diameter 2 in. Was casing pulled? Yes X No ___ If yes, how much 3ft
Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other Asphalt 0-0.5ft; Soil: 0.5-3ft

Grout Plug Intervals: From 3 ft. to 28.3 ft., From ft. to ft., From ft. to ft.

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

Direction from well?
How many feet?

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Asphalt			
0.5	3	Soil			
3	28.30	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/27/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 10/17/11 under the business name of Larsen and Associates, Inc. by (signature) _____.

INSTRUCTIONS: Please fill in blanks 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. Visit us at http://www.kdheks.gov/waterwell.

Project Name & Site I.D: Kabredlo's #276; U2-087-14203