	WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO					
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Cou	nty: OW/ey	SE, NW SE	19	33	4 PW	
Distance and direction from hearest town or city street address of well if located within city?						
22725 CSt. Strother Field Industrial Park, Wintield						
WATER WELL OWNER; GPP GVOUP INC.						
RR #, St. Address, Box #: City, State, ZIP Code : Wooduiffluke W Men Application Number: Board of Agriculture, Division of Water Resources Application Number:						
3	MARK WELL'S LOCATION WITH		12 ft.			
	AN "X" IN SECTION BOX: N	"X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 13.65 ft.				
		WELL WAS USED AS:				
	NW NE E	1 Domestic	5 Public Water Supply 6 Oil Field Water Supply 9 Dewatering 10 Monitoring Well			
w		2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G	arden) 11 Injection	Well	
١		4 Industrial				
	sw SE	Was a chemical / bacteriological sample submitted to Department? Yes				
	Water Well Disinfected: Yes No					
S						
5						
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 in. Was casing pulled? Yes No If yes, how much						
Casing height above or below land surfacein.						
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
What is the nearest source of possible contamination:						
Septic tank Sewer lines		6 Seepage pit7 Pit privy	uel storage 12 Fertilizer storage	16 Other (spe	ecify below)	
3 Watertight sewer lines4 Lateral lines		8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water v			
	5 Cess pool	10 Livestock pens	15 Oil well/Gas well	Well		
Direction from well? How many feet?						
	FROM TO F	PLUGGING MATERIALS				
	0 1 Conc	nete				
	1 20 Ben	tonite				
CONTRACTOR'S OF ANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) Under the pusiness name of Law Sland Scalar Contractor's License No.						
by (signature)						
INSTRUCTIONS: Use typewriter or ball point rep. 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, Toppka, Kansas 66612-1367, Telephone: 785/296-5522, Send one to Water Well Owner and retain one for your records						