| WATER WELL PLUGGING RE   | CORD Form WWC                                      |   |                        |                      |
|--|--|---|------------------------|----------------------|
| 1 LOCATION OF WATER WELL: County: Montgomery   | Fraction  Fraction  Fraction  SE 1/4 SE 1/4 SE 1/4 | Section Number  | Township Number        | Range Number         |
| Distance and direction from nearest town or city street address of well if located within city?  |  |   |                        |                      |
| 1/4 mile north of Dearing, KANSAS, on CR 3900; WASTSIDE OF   |  |   |                        |                      |
| 2 WATER WELL OWNER THERE   | N TAYLOR   | Global Positioning Statitude:   | Systems (decimal degre | es, min. of 4 digits |
| RR#, St. Address, Box #: 2413 CR 3900  |  | Longitude: W 095 42.727   |                        |                      |
| 20 2 o -i/   |  | Elevation: 841' Datum: WGS 84   |                        |                      |
| City, State ZIP Code:  DEARING, KANSAS 67340   |  | Datum: WSS 84  Data Collection Method:  |                        |                      |
| DEARING, KANSI   | is 67340   |   | iou.                   |                      |
| 3 MARK WELL'S LÓCATION   | 4 DEPTH OF WELL_                                   | 92.5 ft.  |                        |                      |
| WITH AN "X" IN SECTION<br>BOX:   | WELL'S STATIC WATER LEVEL 32.5 ft                  |   |                        |                      |
| N  |  |   |                        |                      |
|  | WELL WAS USED AS:                                  |   |                        |                      |
| NW NE  | C D III W to G and                                 |   |                        |                      |
|  | 1 Domestic<br>2 Irrigation                         | 5 Public Water Supply 9 Dewatering<br>6 Oil Field Water Supply 10 Monitoring        |                        |                      |
| w  | 3 Feedlot  | 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 10 Monitoring 11 Injection Well |                        |                      |
| SW SE  | 4 Industrial 8 Air Conditioning 12 Other           |   |                        |                      |
|  |  |   |                        |                      |
| Was a chemical/bacteriological sample submitted to Department? YesNo   |  |   |                        |                      |
| S CONTROL OF DATA CACING LIGHT   |  |   |                        |                      |
| 5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)   |  |   |                        |                      |
| 2 PV2 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 surface in.  |  |   |                        |                      |
| 6 GROUT PLUG MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From ft. to ft. to ft. From ft. The second |  |   |                        |                      |
| What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below)  |  |   |                        |                      |
| 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 Direction from well?  |  |   |                        |                      |
| 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet?  |  |   |                        |                      |
| FROM TO PLUGO  | ING MATERIALS                                      | FROM TO   | PLUGGING MA            | TERIALS              |
|  | 1 CHLORINATED                                      |   |                        |                      |
| LIMESTONE AGGREGATE  |  |   |                        |                      |
|  | GROUT  |   |                        |                      |
|  | SOL  |   |                        |                      |
| 7411166  |  |   |                        |                      |
|  |  |   |                        |                      |
|  |  |   |                        |                      |
|  |  |   |                        |                      |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was   |  |   |                        |                      |
| completed on (mo/day/year) 22 April 10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No   |  |   |                        |                      |
| business name of N/A (LANDOWNER) by (signature)  |  |   |                        |                      |
| - THE CHANDOWNER )   |  |   |                        |                      |
| <b>INSTRUCTIONS:</b> 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/geo/waterwells.   |  |   |                        |                      |
| records. The as at http://www.ataneau.gov/geo/waterwetts.  |  |   |                        |                      |