|  |  | WATER WELL PLUGGING RECOF   | RD Form WWC-5P KSA  | 82a-1212 ID NO  |   |
|--|--|---|---|-----------------|---|
| 1  | LOCATION OF WATER WELL:  | Fraction  | Section Number  | Township Number | Range Number                                |
|  | ounty: Pottawotonie  | SW45W45E14  | 30  | 95              | IUE   |
| Distance and direction from nearest town or city street address of well if located within city?  |  |   |   |                 |   |
| 2  | WATER WELLOWNER: (00)  | 3   |   |                 |   |
| RR #, St. Address, Box #: City, State, ZIP Code : Board of Agriculture, Division of Water Resources Application Number:  |  |   |   |                 |   |
| 3  | MARK WELL'S LOCATION WITH  | 4 DEPTH OF WELL   | 80 t  |                 |   |
|  | AN "X" IN SECTION BOX:   | WELL'S STATIC WATER LEVEL   |   |                 |   |
|  | N N  | WELL WAS USED AS:   |   | _               |   |
|  | N W N E  | 1 Domestic  | 5 Public Water Supp   | •               | -   |
|  |  | 2 Irrigation<br>3 Feedlot   | <ul><li>6 Oil Field Water Su</li><li>7 Domestic (Lawn &amp;</li></ul> |                 | •   |
| W  | E  |   | 8 Air Conditioning  | (12)Other       | TH#7  |
|  | S W S E  | Was a chemical / bacteriological sample submitted to Department?Yes |   |                 |   |
|  | x  | Water Well Disinfected:   | resX 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 |   |   |                 |   |
|  |  |   |   |                 |   |
| 6  | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  |   |   |                 |   |
|  | Grout Plug Intervals: From   |   |   |                 |   |
|  | What is the nearest source of possible contamination:  |   |   |                 |   |
|  | 1 Septic tank 2 Sewer lines  | <ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>                 | <ul><li>11 Fuel storage</li><li>12 Fertilizer storag</li></ul>        | 16 Other (sp    | pecify below)                               |
|  | 3 Watertight sewer lines   | 8 Sewage lagoon   | 13 Insecticide stora  | •               |   |
|  | 4 Lateral lines<br>5 Cess Pool   | 9 Feedyard  | 14 Abandoned wate<br>15 Oil well/Gas wel                              |                 |   |
|  | Direction from well?   | 10 Livestock pens   |   |                 | :   |
| Tiow many test:  |  |   |   |                 |   |
| _'   |  | JGGING MATERIALS  |   |                 |   |
| _  | 3 80 Ben   | tonite  |   |                 |   |
|  |  |   |   |                 |   |
|  |  |   |   |                 |   |
| _  |  |   |   |                 |   |
| _  |  |   |   |                 |   |
| _  |  |   |   |                 |   |
| _  |  |   |   |                 |   |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was come on (mo/day/year)   |  |   |   |                 | n and was completed edge and belief. Kansas |
| Γ  | Water Well Contractor's License No   |   |   |                 |   |
| on (mo/day/year) — 4 – 200 7 — and this record is true to the best of my knowledge and belief. Kans Water Well Contractor's License No. — This Water Well Record was completed on (mo/day/year) — 5 – 200 7 — under the business name of — Strader Dilling — Fig. — F |  |   |   |                 |   |
| _  |  |   |   |                 |   |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.  |  |   |   |                 |   |