WATER WELL PLUGGING RECORD Form WWC-5P KSA 82e-1212 ID No. AS-C-120 CATION OF WATER WELL Fraction SE 1/2 NW 1/4 NW 1/4 34 Township Number Tall Section Number Tall Sec	ige Numbi 11W
Internoe and direction from nearest town or city street address of well if located within city? 120 Hervest Road, Lucas, KS WATER WELL OWNER: Quality Oil Company RM, St. Address, Box # 496 E-First Board of Agriculture, Division of Water, State,	
WATER WELL CWNER: Quality Oil Company RM, St. Address, Box # 496 E First By, State, ZIP Code - Lucas, KS 67648 Application Number: MARR WELL'S LOCATON WITH AN Application Number: MARR WELL'S LOCATON WITH AN Application Number: MARR WELL'S STATIC WATER LEVEL 29 ft. WELL'S STATIC WATER LEVEL 29 ft.	
RM, St. Address, Box # 409 E First RM, Stette, ZIP Code Lucas, KS 67648 Application Number: Application Number:	
DEPTH OF WELL 36 WELL'S STATIC WATER LEVEL 29 ft. I Domestic 5 Public Water Supply 9 Dewastering Well 10 Monitoring Well 11 Domestic 5 Public Water Supply 9 ft. Well Was a chemical/becteriological sample submitted to Department? Yes No Was a chemical/becteriological sample submitted to Department? Yes No No If yes, modaphy rample was submitted Yes No No TYPE OF BLANK CASING USED: 1 Steel 3 RIMP (\$R) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile Blank casing diemeter 2 in. Was casing pulled? Yes X No If yes, how much 3 feet To Blank casing diemeter 2 in. Was casing pulled? Yes X No If yes, how much 3 feet GROUT PLUG MATERIAL: 1 Nast cement 2 Cement grout (3) Bentonite 4 Other Grout Plug Intervals From ft. to ft. Fr	ter Resoul
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was complete	
on (mo/day/yr) 12/10/14 and this record is true to the best of my knowledge and be	
Water Well Contractor's License No. This Water Well Record was completed on (m. 12/15/14 under the business name of	io/day/yr)
12/15/17 Supplies the hyphogen page of Bluestem Environmental Engineering Inc.	
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by (signature) INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of	