ID NO. 0042353 WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 County: LUSSE | Fraction | Section Number | Sw 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/4 SE 1/4 | Settion | Section Number | Six 1/4 SE 1/ Range Number Township Number WATER WELL OWNER: KDOT PUSSELL Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 38.872888 | Longitude: 49.857584 | Elevation: 1833.85 RR#, St. Address, Box #: 165 E. WITT City, State ZIP Code: RUS Sell, ILS 67665 Data Collection Method: Sorvey DEPTH OF WELL 7/63 ft. MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL PRY BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other Was a chemical/bacteriological sample submitted to Department? Yes_____ No _ TYPE OF BLANK CASING USED: 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) - 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter ______ in. Was casing pulled? Yes ______ No _____ If yes, how much ______ 3 ____ Casing height above or below land surface ______ in. **GROUT PLUG MATERIAL:** Neat cement 2 Cement grout 3 Bentonite 4 Other ____ From **2**/63t. to _____ft., From ______ ft. to _____ ft., From _____ to ____ ft. Grout Plug Intervals: What is the nearest source of possible contamination: 16 Other (specify below) Former Fuel Storage 1 Septic tank 6 Seepage pit 11 Fuel Storage 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? _____ PLUGGING MATERIALS FROM **FROM** TO PLUGGING MATERIALS 1 Benson PTE Chips surfices and soll 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _______ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ______. This Water Well Record was completed on my hay/year) _______ under the ______. business name of Jan 12 managemen T Services (signature) INSTRUCTIONS: 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.