

Revised

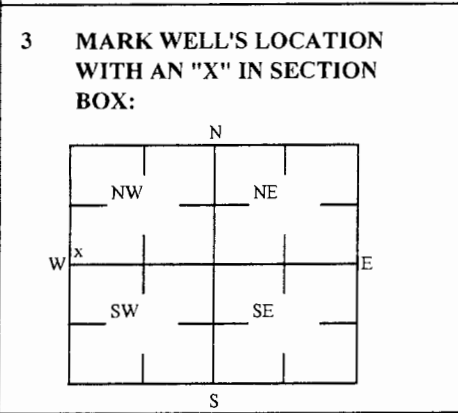
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

MW12

1 LOCATION OF WATER WELL: County: Saline Fraction 1/4 SW 1/4 SW 1/4 NW 1/4 Section Number 31 Township Number T 13 S Range Number 2 [] E [X] W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [] 2250 N Ohio, Salina, KS Global Positioning Systems (GPS) information: Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum [] WGS84, [] NAD83, [] NAD27 Collection Method: [] GPS unit (Make/model: _____) [] Digital Map/Photo, [] Topographic Map [] Land Survey Est. Accuracy: [] <3 m, [] 3-5 m, [] 5-15 m, [] >15 m

2 WATER WELL OWNER: Flying J Incorporated RR#, St. Address, Box #: 333 W. Center City, State ZIP Code: North Salt Lake City, UT 84054



4 DEPTH OF WELL 29.72 ft. MW12 WELL'S STATIC WATER LEVEL _____ ft WELL WAS USED AS: [] Domestic [] Irrigation [] Feedlot [] Industrial [] Public Water Supply [] Oil Field Water Supply [] Domestic (Lawn & Garden) [] Air Conditioning [] Dewatering [X] Monitoring [] Injection Well [] Other _____ Was a chemical/bacteriological sample submitted to Department? Yes [] No [X]

5 TYPE OF BLANK CASING USED: [] Steel [X] PVC [] RMP (SR) [] ABS [] Wrought [] Asbestos-Cement [] Fiberglass [] Concrete Tile [] Other (Specific below) _____ Blank casing diameter 2 in. Was casing pulled? Yes [X] No [] If yes, how much 3' Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: [] Neat cement [] Cement grout [X] Bentonite [X] Other Asphalt: 0-0.5' Grout Plug Intervals: From 0.5 ft to 29.72 ft, From _____ ft to _____ ft, From _____ ft to _____ ft. What is the nearest source of possible contamination: [] Septic tank [] Sewer lines [] Watertight sewer lines [] Lateral lines [] Cess pool [] Seepage pit [] Pit privy [] Sewage lagoon [] Feed yard [] Livestock pens [] Fuel storage [] Fertilizer storage [] Insecticide storage [] Abandoned water well [] Oil well/Gas well [] Other (specify below) _____ Direction from well? _____ How many feet? _____

Table with columns: FROM, TO, PLUGGING MATERIALS. Row 1: 0, 0.5, Asphalt. Row 2: 0.5, 29.72, Bentonite. Row 3: Empty. Row 4: Empty. Row 5: Empty. Row 6: Empty. Row 7: Empty. Row 8: KDHE ID: Flying J Travel Plaza: U5-085-13455

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/9-10/18 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 1/11/2018 under the business name of Larsen & Associates, Inc. By (signature) _____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.