on 9-6- Zuoo

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 South 与 of: LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: LINCOLN SW/4 SW/4 SE1/4 33 9 13 Distance and direction from nearest town or city street address of well if located within city? 7 miles east and 3 miles north and XX1/2 miles east of Wilson WATER WELL OWNER: Virginia L. Betz/Madelyn C. Brown RR#, St. Address, Box #: P.O. Box 152 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Wilson, KS 67490-0152 Application Number: 2000-9 DEPTH OF WELL. A.O.B. MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ......ft. WELL WAS USED AS: (1)Domestic 5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring Well 2 Irrigation 7 Lawn and Garden Only 11 Injection Well 3 Feedlot 8 Air Conditioning 12 Other..... 4 Industrial If yes, mo/day/yr sample was submitted..... × Water Well Disinfected: Yes. X... No..... S TYPE OF BLANK CASING USED: 3 RMP (SR) 7 Fiberglass 9 Other (specify below) 5 Wrought 1 Steel 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Was casing pulled? Yes..... No..... If yes, how much...... Blank casing diameter....in. Casing height above or below land surface.....in. 3 Bentonite GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 4 Other..... From.....ft. to......ft., From.....ft. to.....ft., From..... to.....ft. Grout Plug Intervals: What is the nearest source of possible contamination: 11 Fuel storage 1 Septic tank 6 Seepage pit 16 Other (specify below) 12 Fertilizer storage 2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 10 Livestock pens 15 Oil well/Gas well 5 Cess Pool How many feet? ..... Direction from well? ..... FROM PLUGGING MATERIALS 3 208 Water Well Contractor's License No. With Mater Well Record was completed on (molday/year)

by (signature) Mater Well Record was completed on (molday/year)

by (signature) Mater Well Record was completed on (molday/year) INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain

one for your records.