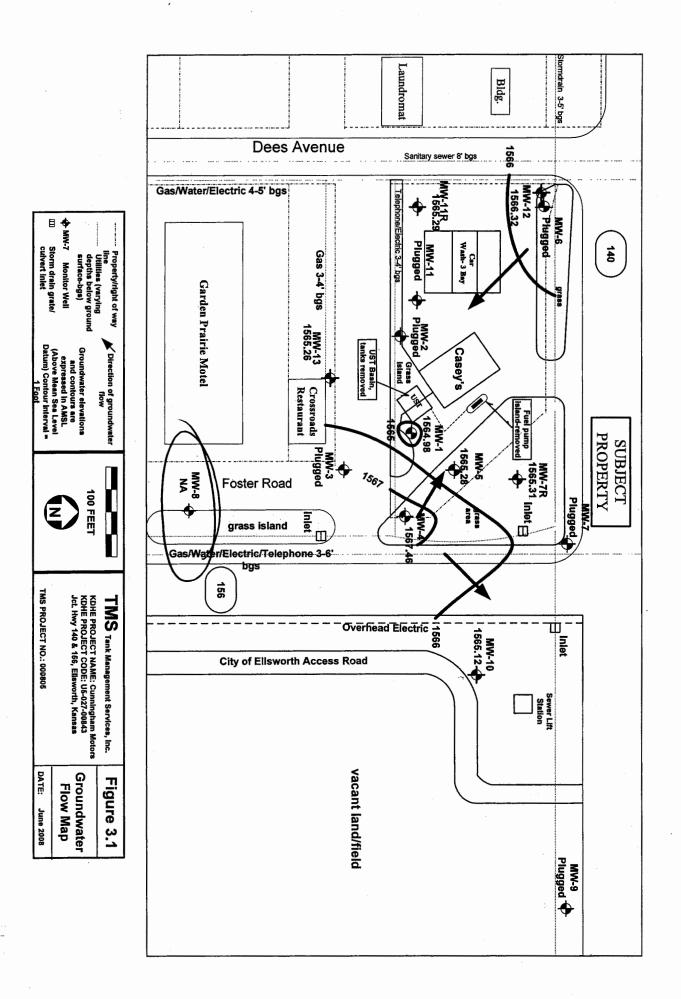
Neu ma# 00275675 US-027-0084 ID NO. WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 Fraction Section Number Township Number Range Number LOCATION OF WATER WELL: NE 1/4 NEVA NEVA Distance and direction from nearest town or city street address of well if located within city? Tunction of Huys 140 + 156 Ellsworth KS MWB 2 WATER WELL OWNER: BOBBILE, OTT Trust Global Positioning Systems (decimal degrees, min. of 4 digits POBOX 12 Latitude: _ RR#, St. Address, Box #: Longitude: __ BIISWORTH KS Elevation: City, State ZIP Code: Datum: 67439 Data Collection Method: MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL_ 39.45 BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Ε W 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: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 4 ABS 6 Asbestos-Cement 8 Concrete Tile If yes, how much ___ 3 ' Blank casing diameter ____ in. Was casing pulled? Yes ____ No ____ Casing height above or below land surface 42 in. **GROUT PLUG MATERIAL:** 2 Cement grout (3 Bentonite) 1 Neat cement 4 Other From 41.4 ft. to 5 ft., From _____ ft. to _____ft., Grout Plug Intervals: From to ft. What is the nearest source of possible contamination: 11 Fuel Storage 6 Seepage pit 1 Septic tank 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 8 Sewage lagoon 13 Insecticide storage 3 Watertight sewer lines Direction from well? WNW
How many feet? 230 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well PLUGGING MATERIALS **FROM** TO **FROM** TO PLUGGING MATERIALS Bentonite Chips TOPSOIL 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 (mo/day/year) _____ under the business name of Tank Many event Services y (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.



DATE:	_ PAGE:
BY:	\ B
JOB NO:	

Cunningham MOTONS Ellsworth KS Plus well &+ Remove Ventos

Swl 39,45 TOTAL DEPTH 41.4 Plus sid w/ Bentonite To 3 Below TOC 3 Casing out off