

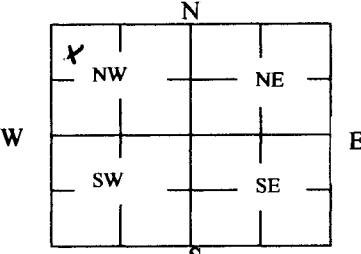
#2 Berning

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

1 LOCATION OF WATER WELL: County: Michiana Fraction N 1/4 1/4 Section Number 13 Township Number T16 S Range Number 37 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ 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: 3+S Country Store
clo Gary Berning
RR#, St. Address, Box #: 309 S. Carter
City, State ZIP Code: Leoti, KS 67861

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL 147 ft.
WELL'S STATIC WATER LEVEL 0-0 ft
WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile
Blank casing diameter 4.5 in. Was casing pulled? Yes No If yes, how much 40'
Casing height above or below land surface 40 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____
Grout Plug Intervals: From 147 ft. to 20 ft., From 20 ft. to 7 ft., From 7 ft. to 4 ft.
What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below)
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well
 Cess pool Livestock pens Oil well/Gas well
Direction from well? 2000 F
How many feet? 5 W

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
147	20	Sand			
20	7	Grout			
7	4	Bentonite			
4	0	Grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-4-17 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) 1-5-17 under the business name of Jones Cratesen by (signature) [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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.