

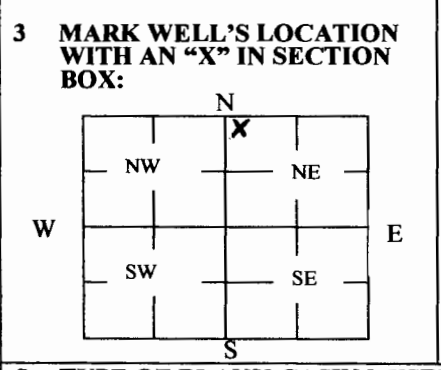
2 Miller

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

1 LOCATION OF WATER WELL: County: Wichita Fraction: N 1/4 E 1/4 1/4 Section Number: 19 Township Number: T16 S Range Number: 37 E 8W

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: _____

2 WATER WELL OWNER: R.M. Miller Farms, Inc. RR#, St. Address, Box #: P.O. Drawer TB City, State ZIP Code: Leoti, KS 67061 GPS unit (Make/Model): _____ [] Digital Map/Photo, [] Topographic Map, [] Land Survey Est. Accuracy: [] < 3 m, [] 3-5 m, [] 5-15 m, [] > 15 m



4 DEPTH OF WELL 100 ft. WELL'S STATIC WATER LEVEL 51 ft. WELL WAS USED AS: [] Domestic [] Public Water Supply [] Dewatering [x] 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 [x]

5 TYPE OF BLANK CASING USED: [x] Steel [] RMP (SR) [] Wrought [] Fiberglass [] Other (Specify below) [] PVC [] ABS [] Asbestos-Cement [] Concrete Tile Blank casing diameter 4 1/2 in. Was casing pulled? Yes [x] No [] If yes, how much 40" Casing height above or below land surface 40 in.

6 GROUT PLUG MATERIAL: [] Neat cement [] Cement grout [x] Bentonite [] Other _____ Grout Plug Intervals: From 100 ft. to 53 ft., From 53 ft. to 7 ft., From 7 ft. to 4 ft. What is the nearest source of possible contamination: [x] Septic tank [] Seepage pit [] Fuel storage [] Other (specify below) [x] Sewer lines [] Pit privy [] Fertilizer storage [] Watertight sewer lines [] Sewage lagoon [] Insecticide storage [] Lateral lines [] Feedyard [] Abandoned water well [] Oil well/Gas well [] Cess pool [] Livestock pens [] Direction from well? SE How many feet? 1700 F

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
100	53	Sand			
53	7	clint			
7	4	Bentonite			
4	0	clint			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-14-15 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) 12-14-17 under the business name of Tones Crateren 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>.