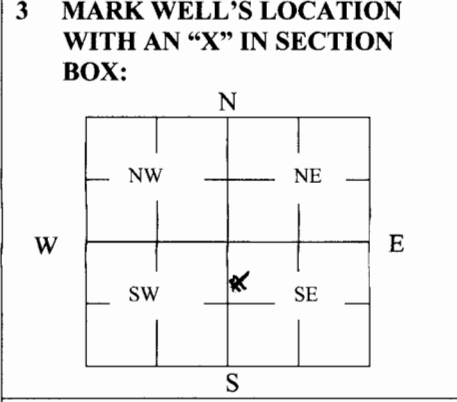


WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

1 LOCATION OF WATER WELL:
 County: WICHITA Fraction $\frac{1}{4}$ $\frac{1}{4}$ SE $\frac{1}{4}$ Section Number 33 Township Number 17S Range Number 96W W
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: John A. Berning Living Trust
 RR#, St. Address, Box #: 744 E. County Rd L
 City, State ZIP Code: Marionthal, Ks 67863
Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____



4 DEPTH OF WELL 120 ft.
 WELL'S STATIC WATER LEVEL 0.0 ft
 WELL WAS USED AS:
 1 Domestic
 2 Irrigation
 3 Feedlot
 4 Industrial
 5 Public Water Supply
 6 Oil Field Water Supply
 7 Domestic (Lawn & Garden)
 8 Air Conditioning
 9 Dewatering
 10 Monitoring
 11 Injection Well
 12 Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) _____
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile _____
 Blank casing diameter 16 in. Was casing pulled? Yes No _____ If yes, how much 40"
 Casing height above or below land surface 90" in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 120 ft. to 40 ft., From 40 ft. to 7 ft., From 7 to 4 ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) _____
 2 Sewer lines 7 Pit privy 12 Fertilizer storage _____
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage _____
 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? E
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 2640ft

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
120	40	Sand			
40	7	grit			
7	4	Bentonite			
4	0	grit			

Jensen Construction
 East _____
 Box 833
 Leoti, Kansas 67861

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-15-10 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) 10-15-10 under the business name of Jensen Construction 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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.

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