

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

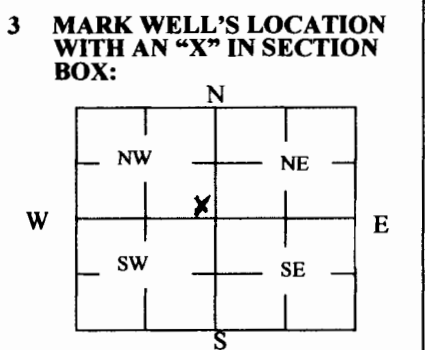
1 LOCATION OF WATER WELL: County: Wichita Fraction NW $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 30 Township Number T 17 S Range Number 36 E W

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

2 WATER WELL OWNER: Bill Gerstberger
 RR#, St. Address, Box #: 659 N. Co. Rd. 13
 City, State ZIP Code: Leoti, KS 67861

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



4 DEPTH OF WELL 170 ft.
WELL'S STATIC WATER LEVEL 5' 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 16 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 170 ft. to 50 ft., From 50 ft. to 0 ft., From 0 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? E
 How many feet? 1400

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
170	50	Sand			
50	0	Clay			
0	4	Bentonite			
4	0	Clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-27-14 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) 10-27-14 under the business name of Tom Crutcher 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>.