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

1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number

County: Ellsworth | SE ¼ NW ¼ NW ¼ | 19 | 17 | 9 E/(W)

Distance and direction from nearest town or city street address of well if located within city?

N/A

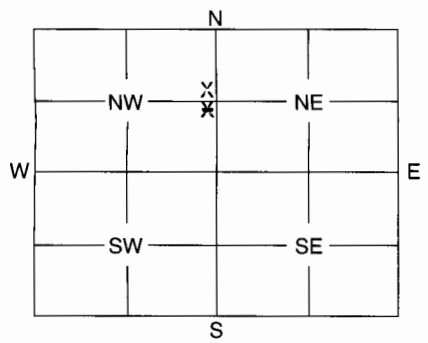
2 WATER WELL OWNER: David Wesseler

RR #, St. Address, Box #: P.O. Box 19

City, State, ZIP Code : Lorraine, KS 67459

Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 42 ft.

WELL'S STATIC WATER LEVEL 36 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 Well | 11 Injection Well | 12 Other

Was a chemical / bacteriological sample submitted to Department? Yes ..... No X

If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes X No .....

5 TYPE OF BLANK CASING USED:

(1) Steel | 2 PVC | 3 RMP (SR) | 4 ABS | 5 Wrought | 6 Asbestos-Cement | 7 Fiberglass | 8 Concrete Tile | 9 Other (Specify below)

Blank casing diameter 6 in. Was casing pulled? Yes ..... No X If yes, how much .....

Casing height above or below land surface 36 in. below

6 GROUT PLUG MATERIAL: 1 Neat cement | 2 Cement grout | (3) Bentonite | 4 Other .....

Grout Plug Intervals: From 7 ft. to 3 ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank | 2 Sewer lines | 3 Watertight sewer lines | 4 Lateral lines | 5 Cess pool | 6 Seepage pit | 7 Pit privy | 8 Sewage lagoon | 9 Feedyard | 10 Livestock pens | 11 Fuel storage | 12 Fertilizer storage | 13 Insecticide storage | (14) Abandoned water well | 15 Oil well/Gas well | 16 Other (specify below) .....

Direction from well? North How many feet? 50

FROM	TO	PLUGGING MATERIALS
42	18	Chlorinated Sand
18	7	Subsoil Clays
7	3	Bentonite
3	0	Topsoil

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-15-2005 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) 8-10-2005 under the business name of Ellsworth County NPS Coordinator by (signature) Brad Kinzer

INSTRUCTIONS: Use typewriter or ball point 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.