

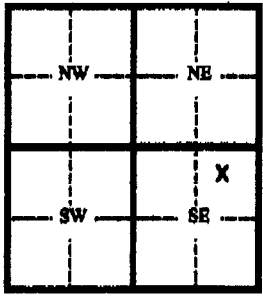
WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

AS-5

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																				
County: Barton	NW ¼ NE ¼ SE ¼	31	19S	11W																																				
Distance and direction from nearest town or city street address of well if located within city? 307 E. Santa Fe, Ellinwood, KS																																								
2 WATER WELL OWNER: Garvey International, Inc.																																								
RR#, St. Address, Box # 2560 Foxfield Rd																																								
City, State, ZIP Code St. Charles, IL 60174																																								
Board of Agriculture, Division of Water Resources Application Number:																																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 20.7 ft.																																						
N X W E  S		WELL'S STATIC WATER LEVEL 14 ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other																																						
		Was a chemical/bacteriological sample submitted to Department? Yes ____ No ____ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ____ No ____																																						
		5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) ② PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 2 in. Was casing pulled? Yes x No If yes, how much 3 feet Casing height above or below land surface _____ in.																																						
		6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____ Grout Plug Intervals From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. 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? _____ How many feet? _____																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td></td> <td>Native fill</td> </tr> <tr> <td>3</td> <td>20.7</td> <td></td> <td>Bentonite Chips</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	CODE	PLUGGING MATERIALS	0	3		Native fill	3	20.7		Bentonite Chips																								
FROM	TO	CODE	PLUGGING MATERIALS																																					
0	3		Native fill																																					
3	20.7		Bentonite Chips																																					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 2/16/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3/1/11 under the business name of <i>Nick Holt</i> This Water Well Record was completed on (mo/day/yr) _____ by (signature) _____ Bluestem Environmental Engineering, Inc.																																								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-298-3565. Send one to Water Well Owner and retain one for your records.																																								