

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

SVE-3

| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fraction                                                                                                                                                                                                                                                                                                                                                                                                                    | Section Number                                    | Township Number          | Range Number |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------|--------------|---------------|-----------------------|----------------|--------------------------|--------------------------|--------------------|-----------------------|------------------------------|--------------------------|-----------------|------------------------|--------------------------------|-----------------|------------|-------------------------|--|-------------|-------------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| County: Barton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SE ¼ SE ¼ NW ¼                                                                                                                                                                                                                                                                                                                                                                                                              | 31                                                | 19S                      | 11W          |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br>410 E. Santa Fe, Ellinwood, KS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> Pop N Shop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                             | Board of Agriculture, Division of Water Resources |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RR#, St. Address, Box # 410 E. Santa Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             | Application Number:                               |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code Ellinwood, KS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4 DEPTH OF WELL</b> 12.5 ft.                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>WELL'S STATIC WATER LEVEL</b> dry ft.                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>WELL WAS USED AS:</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other Soil Vapor Extraction</td> </tr> </table> |                                                   |                          |              | 1 Domestic    | 5 Public Water Supply | 9 Dewatering   | 2 Irrigation             | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot             | 7 Lawn and Garden (domestic) | 11 Injection Well        | 4 Industrial    | 8 Air Conditioning     | 12 Other Soil Vapor Extraction |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 Public Water Supply                             | 9 Dewatering             |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                    | 10 Monitoring Well                                |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7 Lawn and Garden (domestic)                                                                                                                                                                                                                                                                                                                                                                                                | 11 Injection Well                                 |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                          | 12 Other Soil Vapor Extraction                    |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No<br>If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected: Yes No                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (specify below)<br>② PVC      4 ABC      6 Asbestos-Cement      8 Concrete Tile<br>Blank casing diameter 2 in. Was casing pulled? Yes x No If yes, how much 3 feet<br>Casing height above or below land surface in.                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>⑪ Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/ Gas well</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              | 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 |  | 5 Cess Pool | 10 Livestock pens | 15 Oil well/ Gas well |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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                           |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Cess Pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10 Livestock pens                                                                                                                                                                                                                                                                                                                                                                                                           | 15 Oil well/ Gas well                             |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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>12.5</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                        | 12.5               |                       | Bentonite chips              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO                                                                                                                                                                                                                                                                                                                                                                                                                          | CODE                                              | PLUGGING MATERIALS       |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12.5                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | Bentonite chips          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 1/19/12 and this record is true to the best of my knowledge and belief. Kansas                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water Well Contractor's License No. 1/23/12 This Water Well Record was completed on (mo/day/yr)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| by (signature) under the business name of Bluestem Environmental Engineering, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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: 786-296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                          |              |               |                       |                |                          |                          |                    |                       |                              |                          |                 |                        |                                |                 |            |                         |  |             |                   |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |