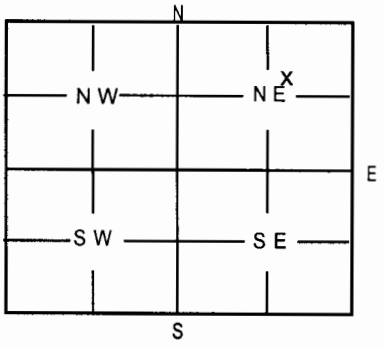
264 8012 WATER WELL PLUGGING RECORD Form WWC-5P KSA82a-1212 ID NO. SUE-1

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Barton	SW 1/4 NE 1/4 NE 1/4	34	T 19 S	R 14 E (W)

Distance and direction from nearest town or city street address of well if located within city?
Approximately 1 3/4 miles west and 1/4 mile south of Great Bend

2 WATER WELL OWNER: The Fuller Brush Company
RR#, St. Address, Box # P.O. Box 729 - One Fuller Way
City, State, ZIP Code Great Bend, KS 67530
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 14 ft
WELL'S STATIC WATER LEVEL Dry Hole ft.
WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	(10 Monitoring Well)
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	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 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes ✓ No ____ If yes, how much ____
Casing height above or below land surface ____ in.

6 GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug
Grout Plug Intervals: From ____ ft. to ____ ft., From ____ ft. to ____ ft. From 20 ft. to 0 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	None known
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? ____

FROM	TO	PLUGGING MATERIALS
20	0	Bentonite Holeplug

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-14-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 10-19-05 under the business name of Clarke Well & Equipment, Inc.
by (signature) [signature]

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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.