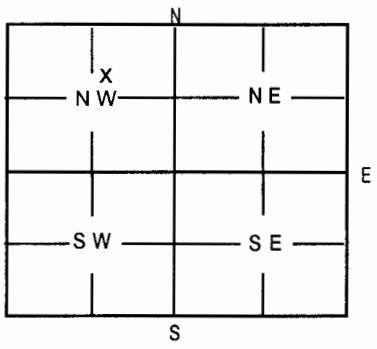
181 5971 WATER WELL PLUGGING RECORD Form WWC-5P KSA82a-1212 ID NO. TW 1-02

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Stafford	SW 1/4 NE 1/4 NW 1/4	13	T 24 S	R 12 E (W)

Distance and direction from nearest town or city street address of well if located within city?
Northeast of the intersection of Vickers and Buckeye

2 WATER WELL OWNER: City of Stafford
RR#, St. Address, Box # P.O. Box 280
City, State, ZIP Code Stafford, KS 67578
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 134 ft
WELL'S STATIC WATER LEVEL 18 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 5 in. Was casing pulled? Yes ____ No ✓ If yes, how much Cut off
Casing height above or (below) land surface 48 in.

6 GROUT PLUG MATERIAL: 1 Neat Cement (2 Cement grout) 3 Bentonite 4 Other ____
Grout Plug Intervals: From 21 ft. to 4 ft., From ____ ft. to ____ ft. From ____ ft. to ____ 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
134	21	Chlorinated Sand
21	4	Concrete Grout
4	0	Compacted Soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-19-04 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) 1-23-04 under the business name of Clarke Well & Equipment, Inc.
by (signature) Duane W. Clark

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.