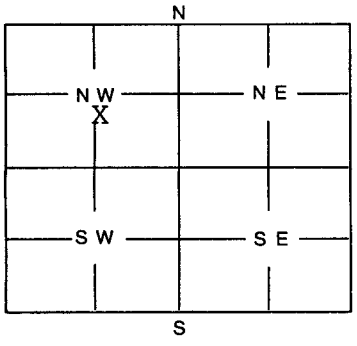
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: HARVEY	NC ¼ N2 ¼ S2 ¼ NW ¼	23	24 SOUTH	2 WEST

Distance and direction from nearest town or city street address of well if located within city?
FROM HALSTEAD, KS: ~~XXXX~~ 3 1/4 MILES SOUTH & 1/4 MILE EAST

2 WATER WELL OWNER: JOHN STUTZMAN REVOCABLE TRUST
RR #, St. Address, Box #: 7415 S HERTZLER RD
City, State, ZIP Code : HALSTEAD, KS 67056
Board of Agriculture, Division of Water Resources Application Number: 12880

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



4 DEPTH OF WELL 86 ft
WELL'S STATIC WATER LEVEL 24.2 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 X
If yes, mo/day/yr sample was submitted .....
Water Well Disinfected: Yes ..... No X

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 16 in. Was casing pulled? Yes ..... No X ..... If yes, how much .....
Casing height above or below land surface ~~XXXXX~~ 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....
Grout Plug Intervals: From 24 ft. to 3 ft., From ..... ft. to ..... ft., From ..... 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	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? WEST-NORTHWEST How many feet? APPROX. 1500

FROM	TO	PLUGGING MATERIALS
86	24	COARSE SAND
24	03	CEMENT GROUT
03	0	TOPSOIL

* SAND AND GROUT PORTION OF PLUGGING WITNESSED BY EQUUS BEDS GMD#2.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-1-2003 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/year) 11/6/03 under the business name of N/A by (signature) Jack Stutzman

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