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	¼ NC ¼ NW ¼	26	24S	3W

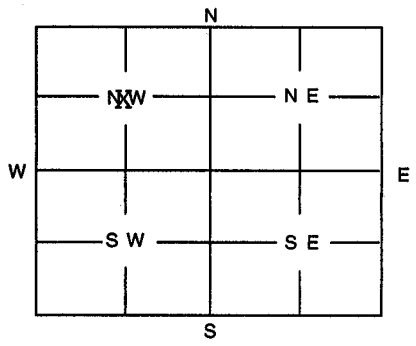
Distance and direction from nearest town or city street address of well if located within city?
3930' N & 3960' W OF SOUTHEAST CORNER OF SEC. 26

2 WATER WELL OWNER: WILBUR R. KURR & LOIS M. KURR REVOCABLE TRUST

RR #, St. Address, Box #: 9025 S. MISSION RD
City, State, ZIP Code : SEDGWICK, KS 67135

Board of Agriculture, Division of Water Resources
Application Number: 24104

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



4 DEPTH OF WELL 50 ft

WELL'S STATIC WATER LEVEL 11.6 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 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ____

Grout Plug Intervals: From 11.5 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? ____ How many feet? none within ½ mile

FROM	TO	PLUGGING MATERIALS
50	37	aquifer formation material
		from casing collapse
37	11.5	coarse sand
11.5	3	cement grout
3	0	topsoil

RECEIVED
JUL - 8 2003
EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 06-05-03 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) 7-7-03 under the business name of n/a by (signature) Florence Bangkang New owner

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.