

**WATER WELL PLUGGING RECORD Form WWC-5P**

KSA 82a-1212

ID NO.

AS-10

|                                                   |                            |                     |                         |                        |
|---------------------------------------------------|----------------------------|---------------------|-------------------------|------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>Finney County | Fraction<br>SE ¼ SE ¼ SE ¼ | Section Number<br>7 | Township Number<br>24 S | Range Number<br>R 32 W |
|---------------------------------------------------|----------------------------|---------------------|-------------------------|------------------------|

Distance and direction from nearest town or city street address of well if located within city?

Well was located at 407 E. Kansas, Garden City, KS

|                                                                                                                                                       |                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER:</b><br>Rupp's Tire Service<br>RR#, St. Address, Box #:<br>407 E. Kansas Ave.<br>City, State ZIP Code:<br>Garden City, KS 67846 | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                                                           |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                                                                           |           |                            |                   |              |                    |                |
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| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">                 N<br/> <table border="1" style="margin: auto;"> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> </table>                 S<br/>                 W                      E             </div> <div style="text-align: right; margin-top: 10px;">                 X             </div> | NW                         |                                                                           | NE |  |  |  | SW |  | SE | <b>4 DEPTH OF WELL</b> <u>50</u> ft.<br><br><b>WELL'S STATIC WATER LEVEL</b> <u>38</u> ft.<br><br><b>WELL WAS USED AS:</b> <span style="border: 1px solid black; padding: 2px;">X</span><br><br><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><span style="border: 1px solid black; padding: 2px;">10 Monitoring</span></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | <span style="border: 1px solid black; padding: 2px;">10 Monitoring</span> | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | NE                                                                        |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                                                                           |           |                            |                   |              |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                                                           |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                                                                           |           |                            |                   |              |                    |                |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | SE                                                                        |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                                                                           |           |                            |                   |              |                    |                |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5 Public Water Supply      | 9 Dewatering                                                              |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                                                                           |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6 Oil Field Water Supply   | <span style="border: 1px solid black; padding: 2px;">10 Monitoring</span> |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                                                                           |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7 Domestic (Lawn & Garden) | 11 Injection Well                                                         |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                                                                           |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8 Air Conditioning         | 12 Other _____                                                            |    |  |  |  |    |  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |              |              |                          |                                                                           |           |                            |                   |              |                    |                |

|                                                                                                                                                                                                                                                                                                                                                                           |            |                   |                 |                         |            |           |              |                         |                                                                   |       |                   |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|-----------------|-------------------------|------------|-----------|--------------|-------------------------|-------------------------------------------------------------------|-------|-------------------|-----------------|--|
| <b>5 TYPE OF BLANK CASING USED:</b><br><table style="width: 100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><span style="border: 1px solid black; padding: 2px;">2 PVC</span></td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> |            |                   |                 | 1 Steel                 | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) | <span style="border: 1px solid black; padding: 2px;">2 PVC</span> | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                   | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (Specify below) |            |           |              |                         |                                                                   |       |                   |                 |  |
| <span style="border: 1px solid black; padding: 2px;">2 PVC</span>                                                                                                                                                                                                                                                                                                         | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |                         |            |           |              |                         |                                                                   |       |                   |                 |  |
| Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>x</u> No _____ If yes, how much <u>50'</u><br>Casing height above or below land surface _____ in.                                                                                                                                                                                                            |            |                   |                 |                         |            |           |              |                         |                                                                   |       |                   |                 |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                         |                            |                          |               |             |                       |                          |                          |                 |                        |  |                 |            |                         |                            |             |                   |                      |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|----------------------------|--------------------------|---------------|-------------|-----------------------|--------------------------|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|----------------------------|-------------|-------------------|----------------------|----------------------|
| <b>6 GROUT PLUG MATERIAL:</b><br>1 Neat cement    2 Cement grout    3 Bentonite    4 Other <u>Soil</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                         |                            |                          |               |             |                       |                          |                          |                 |                        |  |                 |            |                         |                            |             |                   |                      |                      |
| Grout Plug Intervals: From <u>3</u> <u>0</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                         |                            |                          |               |             |                       |                          |                          |                 |                        |  |                 |            |                         |                            |             |                   |                      |                      |
| What is the nearest source of possible contamination:<br><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><u>Contaminated Site</u></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>Direction from well? _____</td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td>How many feet? _____</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 | <u>Contaminated Site</u> | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |  | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | Direction from well? _____ | 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? _____ |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6 Seepage pit     | 11 Fuel Storage         | 16 Other (specify below)   |                          |               |             |                       |                          |                          |                 |                        |  |                 |            |                         |                            |             |                   |                      |                      |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 Pit privy       | 12 Fertilizer storage   | <u>Contaminated Site</u>   |                          |               |             |                       |                          |                          |                 |                        |  |                 |            |                         |                            |             |                   |                      |                      |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8 Sewage lagoon   | 13 Insecticide storage  |                            |                          |               |             |                       |                          |                          |                 |                        |  |                 |            |                         |                            |             |                   |                      |                      |
| 4 Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9 Feedyard        | 14 Abandoned water well | Direction from well? _____ |                          |               |             |                       |                          |                          |                 |                        |  |                 |            |                         |                            |             |                   |                      |                      |
| 5 Cess pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10 Livestock pens | 15 Oil well/Gas well    | How many feet? _____       |                          |               |             |                       |                          |                          |                 |                        |  |                 |            |                         |                            |             |                   |                      |                      |

| FROM | TO  | PLUGGING MATERIALS                                                         | FROM | TO | PLUGGING MATERIALS |
|------|-----|----------------------------------------------------------------------------|------|----|--------------------|
| 0'   | 50' | Hydrated Bentonite Chips                                                   |      |    |                    |
|      |     |                                                                            |      |    |                    |
|      |     |                                                                            |      |    |                    |
|      |     | Well drilled out to TD and plugged with Bentonite per KDHE project manager |      |    |                    |
|      |     |                                                                            |      |    |                    |
|      |     |                                                                            |      |    |                    |
|      |     |                                                                            |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 09/11/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585. This Water Well Record was completed on (mo/day/year) 09/26/12 under the business name of Associated Environmental, Inc. by (signature) [Signature]

**INSTRUCTIONS:** Use typewriter or ballpoint 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.