WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

| LOCATION OF WATER   | WELL: F    | Fraction                                  | Section Number   | Township Number       | Range Number              |  |  |  |  |  |
|---|------------|---|--|-----------------------|---------------------------|--|--|--|--|--|
| RENO  |            | NE 1/4 SE 1/4 SE 1/4                      |  | 24 SOUTH              | 05 WEST                   |  |  |  |  |  |
|   | om nearest | t town or city street address of well     |  |                       |                           |  |  |  |  |  |
|   |            | D 40 WEST OF THE INTERSECTIO              | -  | AND OBEE ROAD EE      | 3237-C                    |  |  |  |  |  |
| WATER WELL OWNER  |            | QUUS BEDS GMD2                            | · · · · · · · · · · · · ·  |                       |                           |  |  |  |  |  |
|   |            |   | D.   |                       |                           |  |  |  |  |  |
| RR#, St. Address, Box #<br>City, State, ZIP Code:   |            | 13 SPRUCE STREET<br>ALSTEAD KS 67056-1925 |  | oplication Number: NA | vision of Water Resources |  |  |  |  |  |
| MARK WELL'S LOC<br>AN "X" IN SECT   | CATION WIT | ITH DEPTH OF WELL 45.0                    | DEPTH OF WELL 45.0 ft.   |                       |                           |  |  |  |  |  |
|   |            |   | WELL'S STATIC WATER LEVEL 19.4 ft.   |                       |                           |  |  |  |  |  |
|   |            | WELL WAS USED AS:                         | WELL WAS USED AS:  |                       |                           |  |  |  |  |  |
|   |            |   |  |                       |                           |  |  |  |  |  |
|   | .          | 1 Domestic<br>2 Irrigation                | 1     Domestic     5     Public Water Supply     9     Dewatering       2     Irrigation     6     Oil Field Water Supply     10     Monitoring Well |                       |                           |  |  |  |  |  |
|   |            | 3 Feedlot                                 | 3 Feedlot 7 Lawn and Garden Only 11 Injection Well   |                       |                           |  |  |  |  |  |
|   |            | 4 Industrial                              | 8 Air Conditioning   | 12 Othe               | )r                        |  |  |  |  |  |
| EB  | 3237C - X  | Was a chemical/bacterio                   | •  | •                     | es 🔲 No 🖾                 |  |  |  |  |  |
|   |            | If yes, mo/day/yr sample                  | e was submitted : /  | 1                     |                           |  |  |  |  |  |
| S   |            | WaterWell Disinfected:                    | Yes 🔲 🛛 No 🛛   |                       |                           |  |  |  |  |  |
| TYPE OF BLANK CA  | ASING LIS  |   |  |                       |                           |  |  |  |  |  |
| ITE OF DLAINN UP  | 191110 091 |   |  |                       |                           |  |  |  |  |  |
|   | RMP (SR)   |   | 7 Fiberglass   | 9 Other               |                           |  |  |  |  |  |
| <u>2 PVC</u> 4 A  | BS         | 6 Asbestos-Cement                         | 8 Concrete Tile  | •                     |                           |  |  |  |  |  |
| Blank casing diamete  | er 2.0 in. | Was casing pulled? Ye                     | sk⊠ No⊡ ifv  | es, how much 12.8 f   | t bls (steel)             |  |  |  |  |  |
| _   |            | land surface 10.1 feet.                   |  |                       |                           |  |  |  |  |  |
| GROUT PLUG MAT  |            |   | grout <u>3 Benton</u>  | ite 4 Other           |                           |  |  |  |  |  |
| Grout Plug Intervals:   | From 45    | 5.0 ft. to 16.6 ft., From 16.6 f          |  |                       | ft.                       |  |  |  |  |  |
| -   |            | possible contamination:                   |  |                       |                           |  |  |  |  |  |
| 1 Septic tank   |            | •   | 1 Fuel Storage   | <u> 16 Other - R</u>  | lailroad                  |  |  |  |  |  |
| 2 Sewer lines   |            | 7 Pit privy 12                            | 2 Fertilizer storage   |                       |                           |  |  |  |  |  |
| 3 Watertight sewer<br>4 Lateral lines   | r lines    | 0 0                                       | 3 Insecticide storage  |                       |                           |  |  |  |  |  |
| 4 Lateral lines<br>5 Cess Pool  |            |   | Abandoned water v<br>5 Oil well / Gas well   |                       |                           |  |  |  |  |  |
|   |            |   |  |                       |                           |  |  |  |  |  |
| Direction from well?  |            |   | many feet? 100   |                       |                           |  |  |  |  |  |
|   | 0          | PLUGGING MATER<br>Bentonite               | IALS   |                       |                           |  |  |  |  |  |
|   | 45.0 16.6  |   |  |                       |                           |  |  |  |  |  |
| 16.6 0.0 Bentonite, HolePlug  |            |   |  |                       |                           |  |  |  |  |  |
|   |            |   |  |                       |                           |  |  |  |  |  |
|   |            |   |  |                       |                           |  |  |  |  |  |
|   |            |   |  |                       |                           |  |  |  |  |  |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and  |            |   |  |                       |                           |  |  |  |  |  |
| was completed on (mo/day/year) 11 / 29 / 2001 and this record is true to the best of my knowledge and belief.   |            |   |  |                       |                           |  |  |  |  |  |
| Kansas Water Well Contractor's License No. NA under the business name of Equus Beds GMD2  |            |   |  |                       |                           |  |  |  |  |  |
| by (signature) 🔨  |            | 20 Flach                                  |  | •                     |                           |  |  |  |  |  |
|   |            | er or ball point pen. Please pres         |  |                       |                           |  |  |  |  |  |
| circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Watrer Well Owner and retain one for your records. |            |   |  |                       |                           |  |  |  |  |  |

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| WATER WELL PLUGGING RECORD | Form WWC-5P | K\$A82a-1212 |
|----------------------------|-------------|--------------|
|----------------------------|-------------|--------------|

ID NO. (Old) EB-237-C

| Г,<br>Г   |   | ON OF WAT               |                 | <u> </u>       | Fraction   | Section                             | Number            | Townsh       | nin        | Number       | Б      | Range    | Number      |
|-----------|---|-------------------------|-----------------|----------------|--|-------------------------------------|-------------------|--------------|------------|--------------|--------|----------|-------------|
| Ш         |   |                         |                 |                |  |                                     |                   |              |            |              | R      | -        | EW          |
| Cou       | -   | Rei<br>direction fro    |                 |                | 1/4 SE 1/4 SE 1/4<br>y street address of well if lo                    | 1                                   | 27<br>city?       |              | 24         | 3            | ĸ      | 5        | -0          |
|           |   |                         |                 |                | le south of Yoder  |                                     | , -               |              |            |              |        |          |             |
| 2         | •   | VELL OWNE               |                 |                | GMD #2   |                                     |                   |              |            |              |        |          |             |
|           |   | Address, B              |                 |                | GIVID #2   | Board                               | d of Agriculture, | Division o   | f Wate     | er Resource  | s      |          |             |
|           |   | e, ZIP Code             | Halstea         | ad, KS         | 67056-1925   | Appli                               | cation Number:    |              |            |              |        |          |             |
| 3         | MARK WELL'S LOCATION WITH<br>AN "X" IN SECTION BOX: |                         |                 | 4              | DEPTH OF WELL  | 45                                  | ft                |              |            |              |        |          |             |
|           |   | N                       |                 |                | WELL'S STATIC WATE   | R LEVEL Not cl                      | hecked ft.        |              |            |              |        |          |             |
| [         |   | Ì                       |                 |                | WELL WAS USED AS:  |                                     |                   |              |            |              |        |          |             |
|           | I<br>N  | w                       | I<br>NE         |                | 1 Domestic   |                                     | Water Supply      |              |            | 9 Dewate     | •      |          |             |
|           | 1   | .                       | 1               |                | 2 Irrigation   |                                     | ld Water Suppl    |              |            | 10 Monito    | -      |          |             |
| w         |   |                         |                 | Е              | 3 Feedlot  |                                     | stic (Lawn & Ga   | arden)       |            | 11 Injectio  |        |          |             |
|           |   |                         |                 |                | 4 Industrial   |                                     | onditioning       |              |            | 12 Other     |        |          |             |
|           | S \   | ~ <u> </u>              | S E             | ·   ۱          | Was a chemical / bacter  | riological san                      | nple submitte     | d to Depa    | artme      | ent?Yes      |        | No       | ···· ••     |
|           |   |                         |                 |                | lf yes, mo/day/yr samp   | ,                                   |                   |              |            |              |        |          |             |
|           |   | S                       |                 |                | Water Well Disinfected:  | Yes V.                              | No                |              |            |              |        |          |             |
| 5         |   |                         | ASING USED:     |                |  |                                     |                   |              |            |              |        |          |             |
|           |   | Steel                   | 3 RMP (S        | R)             |  |                                     | erglass           | 1            | 9 Oth      | ner (Specify | below  | ')       |             |
|           |   |                         | 4 ABS           |                |  |                                     | crete Tile        | ,            |            |              |        |          |             |
|           | Casino  | asing diam<br>n height  | eter 2          | in.            | Was casing pulled?<br>land surface 12                                  | Yes<br>20                           | in. No            | <b></b>      | lfy        | es, how m    | uch -  |          |             |
| 6         |   | PLUG MAT                |                 |                | Cement 2 Cement g  |                                     | Bentonite         | 4 Ot         | her        | Bentoni      | ite Ho | oleniuo  |             |
|           |   | Plug Interva            |                 |                | ft. to ft  |                                     |                   |              |            |              |        |          |             |
|           | What is   | s the neares            |                 |                | e contamination:   |                                     |                   |              | -          |              |        |          |             |
|           | 1 Septic tank 6                                     |                         |                 | 6 Se           |  | 11 Fuel storage 16 Other (specify b |                   |              |            | below)       |        |          |             |
|           |   | ver lines               |                 | 7 Pit          |  | 12 Fertilizer s                     | 0                 |              | None known |              |        |          |             |
|           | -   |                         |                 |                | Sewage lagoon 13 Insecticide storage                                   |                                     |                   |              |            |              |        |          |             |
|           | 4 Lateral lines 9<br>5 Cess Pool 10                 |                         |                 |                | Feedyard 14 Abandoned water well   Livestock pens 15 Oil well/Gas well |                                     |                   |              |            |              |        |          |             |
|           |   | ion from w              |                 |                | How many   |                                     |                   |              |            |              |        |          |             |
| F         | FROM TO PLU   |                         | PLUGO           | SING MATERIALS |  |                                     |                   |              |            |              |        |          |             |
|           | 19  | 0                       | Bentonite       | Hole           | plug   |                                     |                   |              |            |              |        |          |             |
|           |   |                         |                 |                | · · · ·  |                                     |                   |              |            |              |        |          |             |
|           |   |                         | Note: Pir       | be wa          | s broken at 10' and fil  | led in                              |                   |              |            |              |        |          |             |
|           |   |                         | with Bent       | onite          | Holeplug from 45' - 19   | 9' by                               |                   |              |            |              |        |          |             |
|           |   |                         | others.         |                | 1  |                                     |                   |              |            |              |        |          |             |
|           |   |                         |                 |                |  |                                     |                   |              |            |              |        |          |             |
| $\vdash$  |   |                         | 1               |                |  |                                     |                   |              |            |              |        |          |             |
| 7         | CON   | IRACTOR'                | S OR LANDO      | WNE            | R'S CERTIFICATION:   | I<br>This water we                  | ell was plugge    | ed under r   | ny ju      | risdiction a | and wa | as com   | npleted     |
| $\square$ | on (m   | o/day/year              | )               | 11             | -29-01 a   | nd this recor                       | d is true to the  | e best of r  | ny kr      | nowledge a   | and be | elief. k | Kansas      |
|           |   |                         | tractor's Licer |                |  |                                     | This Water We     |              | l was      | complete     | d on ( | mo/da    | y/year)     |
|           | 12-7-   |                         | undert          | Jae Du         | siness name of Clark   |                                     | uipment, inc      | <b>.</b>     |            |              |        |          |             |
|           |   | gnature) _<br>IONS: Use | a typewriter o  | r hall         | point pen. <u>Please press</u>   | firmly and pr                       |                   | ease fill in |            |              | line o | r circle | the correct |
| ans       | swers. S  | Send top th             | ree copies to   | Kansa          | as Department of Health  | & Environme                         | ent, Bureau of    | f Water, T   | opek       | a, Kansas    | 6662   | 20-000   | 1.          |
| Te        | lephone:  | 785/296-3               | 3565. Send a    | ne to          | Water Well Owner and r   | etain one for                       | your records.     | •            |            |              |        |          |             |