

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Sedgwick	1/4 NW 5 1/2	5	25	1

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

From Sedgwick, KS: 3 miles South, 1 1/2 West

2	WATER WELL OWNER: Hines Living Trust	RR #, St. Address, Box #: 561 Rammer Lake Rd	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: Wichita, KS 67235	Application Number: 27864	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 47' ft.												
			WELL'S STATIC WATER LEVEL 22' ft.												
			WELL WAS USED AS:												
			<table border="0"> <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>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	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
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			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:										
	<table border="0"> <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>2 PVC</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)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter 16" in. Was casing pulled? Yes ☒ No If yes, how much 5'										
	Casing height above or below land surface 5' in.										

6	GROUT PLUG MATERIAL:																				
	<table border="0"> <tr> <td>1 Neat cement</td> <td>2 Cement grout</td> <td>3 Bentonite</td> <td>4 Other</td> </tr> </table>	1 Neat cement	2 Cement grout	3 Bentonite	4 Other																
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	Grout Plug Intervals: From 5' ft. to 22' ft., From ft. to ft., From to ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? South West How many feet? 30'																				

FROM	TO	PLUGGING MATERIALS
0	5	Topsoil
5	22	Cement
22	47	Gravel

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-20-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 239 This Water Well Record was completed on (mo/day/year) 8-28-07 under the business name of Premier Pump Well Service by (signature) [Signature]
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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, 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.

**Equus Beds Groundwater Management District No. 2
Abandoned Well Plugging Agreement**

I, R. Steven Hines, the undersigned and owner of an abandoned water well understand that an abandoned water well is a groundwater contamination threat and a public health and safety hazard.

The abandoned water well is located NC, 5 1/2, Section 5, Township 25 South, Range 1 ~~East~~ West, Sedgwick County which is approximately 1450 feet north/south and 2710 feet east/west of the apparent SE section corner. Total well depth is 80 feet and the diameter of the well is _____ inches. Current depth to static water level in the well is _____ feet below land surface. The well was previously authorized by water permit no. 27864.

I agree to properly plug the abandoned well pursuant to the Equus Beds Groundwater Management District rules and regulations K.A.R. 28-30-200 through K.A.R. 28-30-207 and the following agreement provisions:

1. Well plugging operations will be supervised by either (a) a water well contractor licensed with the Kansas Department of Health and Environment, (b) a profession engineer or geologist licensed to practice in the State of Kansas, or (c) the abandoned water well owner or land owner of the property on which the water well or borehole is located.
2. The above described well will be plugged: a) by July 30, 2007, or b) within 30 days after the replacement well, approved by a change in point of diversion, becomes operational.
3. A completed WWC-5P form will be submitted to the Kansas Department of Health and Environment within 30 days after the abandoned well is plugged and a copy of the WWC-5P form will be furnished to the District within the same period of time.
4. The well owner or authorized agent will notify the District 48 hours before plugging operations occur.
5. Failure to comply with the provisions of this agreement shall constitute noncompliance of the groundwater management district rules and regulations K.A.R. 28-30-200 through K.A.R. 28-30-207.

Dated this 24th day of July, 2007 at Stafford

Signature R. Steven Hines Towner

Address 561 Rainbowlake Rd.

City, State, Zip Code Wichita, KS 67235

Telephone 316 517 6867

RECEIVED

JUL 24 2007

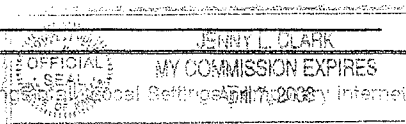
STAFFORD FIELD OFFICE
DIVISION OF WATER RESOURCES

State of Kansas County of Stafford

Subscribed and affirmed to before me this 24 day of July, 2007.

by Jenny L. Clark
(Notary Public)

My Commission Expires _____



Dept H & E
Your
copy.
Stew