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: SEDGWICK	NW ¼ NW ¼ NE ¼	2	26 SOUTH	1 WEST E/~~W~~

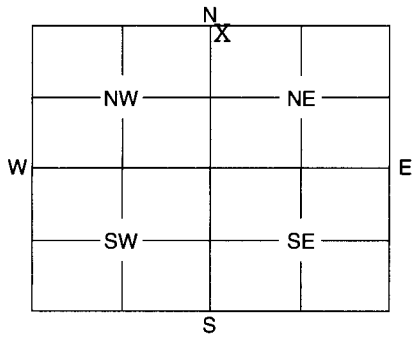
Distance and direction from nearest town or city street address of well if located within city?
FROM VALLEY CENTER, KS (85TH ST. & MERIDIAN): 1 MILE SOUTH & 1.5 MILES WEST

2 WATER WELL OWNER: JANICE L. FANTER

RR #, St. Address, Box #: 4301 W. 77TH NORTH
City, State, ZIP Code : VALLEY CENTER, KS 67147

Board of Agriculture, Division of Water Resources
Application Number: 10806, 28895 (WEST WELL)

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



4 DEPTH OF WELL 63 ft.

WELL'S STATIC WATER LEVEL 11.1 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 X No .....

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 8 in. Was casing pulled? Yes ..... No X If yes, how much .....
Casing height ~~above~~ below land surface 60 in.

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

Grout Plug Intervals: From 12 ft. to 5 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? EAST How many feet? 34

FROM	TO	PLUGGING MATERIALS
63	12	~~XXXXX~~ SAND
12	5	BENTONITE CHIPS
5	0	TOPSOIL

NOTE: PLUGGING WITNESSED BY TIM BOESE, EQUUS BEDS GMD2

RECEIVED
JUN 1 2004
EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-19-2004 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA This Water Well Record was completed on (mo/day/year) 28 May 2004 under the business name of NA by (signature) Janice L. Fanter

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.