

TW 2-88

**WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.**

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u><br>Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 3720 W. Pawnee, Wichita                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fraction <u>NW 1/4 SE 1/4 SW 1/4 SW 1/4</u><br>Section Number <u>36</u><br>Township Number <u>27 T S</u><br>Range Number <u>1</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: <u>37.652319</u> (in decimal degrees)<br>Longitude: <u>97.386686</u> (in decimal degrees)<br>Elevation: _____<br>Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method: _____<br>GPS unit (Make/Model): _____<br><input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input checked="" type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b> Dawson Brothers, Inc.<br>RR#, St. Address, Box #: <u>3800 W. Pawnee</u><br>City, State ZIP Code: <u>Wichita, KS 67213</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4 DEPTH OF WELL</b> <u>47.71</u> ft.<br><b>WELL'S STATIC WATER LEVEL</b> <u>12.22</u> ft.<br><b>WELL WAS USED AS:</b><br><table style="width:100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Domestic                    | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering   | <input type="checkbox"/> Irrigation                  | <input type="checkbox"/> Oil Field Water Supply | <input checked="" type="checkbox"/> Monitoring | <input type="checkbox"/> Feedlot            | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | <input type="checkbox"/> Industrial          | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Public Water Supply                                                                                                                                                       | <input type="checkbox"/> Dewatering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Oil Field Water Supply                                                                                                                                                    | <input checked="" type="checkbox"/> Monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Domestic (Lawn & Garden)                                                                                                                                                  | <input type="checkbox"/> Injection Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Air Conditioning                                                                                                                                                          | <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF BLANK CASING USED:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) _____<br><input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile<br>Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3</u> ft.<br>Casing height above or below land surface <u>36</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>Grout Plug Intervals: From <u>3</u> ft. to <u>47.71</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"> <tr> <td><input type="checkbox"/> Septic tank</td> <td><input type="checkbox"/> Seepage pit</td> <td><input type="checkbox"/> Fuel storage</td> <td rowspan="5"><input type="checkbox"/> Other (specify below) _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer lines</td> <td><input type="checkbox"/> Pit privy</td> <td><input type="checkbox"/> Fertilizer storage</td> </tr> <tr> <td><input type="checkbox"/> Watertight sewer lines</td> <td><input type="checkbox"/> Sewage lagoon</td> <td><input type="checkbox"/> Insecticide storage</td> </tr> <tr> <td><input type="checkbox"/> Lateral lines</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Abandoned water well</td> </tr> <tr> <td><input type="checkbox"/> Cess pool</td> <td><input type="checkbox"/> Livestock pens</td> <td><input type="checkbox"/> Oil well/Gas well</td> </tr> </table> Direction from well? _____<br>How many feet? _____ |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Septic tank                 | <input type="checkbox"/> Seepage pit         | <input type="checkbox"/> Fuel storage | <input type="checkbox"/> Other (specify below) _____ | <input type="checkbox"/> Sewer lines            | <input type="checkbox"/> Pit privy             | <input type="checkbox"/> Fertilizer storage | <input type="checkbox"/> Watertight sewer lines   | <input type="checkbox"/> Sewage lagoon  | <input type="checkbox"/> Insecticide storage | <input type="checkbox"/> Lateral lines    | <input type="checkbox"/> Feedyard    | <input type="checkbox"/> Abandoned water well | <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Seepage pit                                                                                                                                                               | <input type="checkbox"/> Fuel storage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Other (specify below) _____ |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Pit privy                                                                                                                                                                 | <input type="checkbox"/> Fertilizer storage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Sewage lagoon                                                                                                                                                             | <input type="checkbox"/> Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Feedyard                                                                                                                                                                  | <input type="checkbox"/> Abandoned water well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Cess pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Livestock pens                                                                                                                                                            | <input type="checkbox"/> Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0.5</td> <td>Native soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.5</td> <td>3</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>47.71</td> <td>Bentonite chips</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FROM                                                 | TO                                           | PLUGGING MATERIALS                    | FROM                                                 | TO                                              | PLUGGING MATERIALS                             | 0                                           | 0.5                                               | Native soil                             |                                              |                                           |                                      | 0.5                                           | 3                                  | Clay                                    |                                            |  |  | 3 | 47.71 | Bentonite chips |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO                                                                                                                                                                                                 | PLUGGING MATERIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FROM                                                 | TO                                           | PLUGGING MATERIALS                    |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.5                                                                                                                                                                                                | Native soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                                                                                                                                                                                                  | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 47.71                                                                                                                                                                                              | Bentonite chips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>07/18/2016</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> . This Water Well Record was completed on (mo/day/year) <u>07/22/2016</u> under the business name of <u>GSI Engineering, LLC</u> by (signature) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                              |                                       |                                                      |                                                 |                                                |                                             |                                                   |                                         |                                              |                                           |                                      |                                               |                                    |                                         |                                            |  |  |   |       |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.