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	NW¼ NW¼ NW¼	33	T27 S	4 E (W)

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

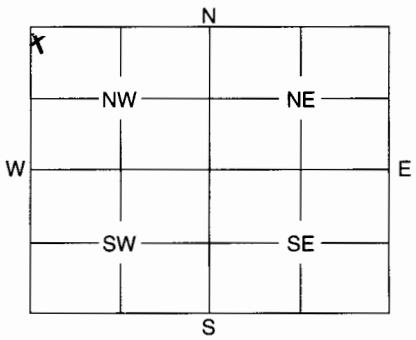
2 WATER WELL OWNER: Manufacturing Development Inc

RR #, St. Address, Box #: 37515 W 15th

City, State, ZIP Code : Cheney KS 67025

Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF WELL 40 ft.

WELL'S STATIC WATER LEVEL 8 ft.

WELL WAS USED AS:

(1 Domestic) 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other

Was a chemical / bacteriological sample submitted to Department? Yes ..... No V

If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes V No .....

5 TYPE OF BLANK CASING USED:

(1 Steel) 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) .....

Blank casing diameter 6 in. Was casing pulled? Yes ..... No V If yes, how much .....

Casing height above or below land surface 72 below in.

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

Grout Plug Intervals: From 15 ft. to 0 ft., From ..... ft. to ..... ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well (16 Other (specify below)) none

Direction from well? 0 How many feet? 0

FROM	TO	PLUGGING MATERIALS
15'	0	Cement grout

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/30/2008 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/year) ..... under the business name of ..... by (signature) .....

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.