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

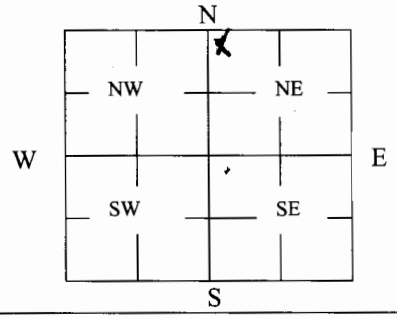
1 LOCATION OF WATER WELL: County: Sedgwick	Fraction: NW ¼ NW¼ NE ¼	Section Number: 23	Township Number: 29	Range Number: 2W E/W

Distance and direction from nearest town or city street address of well if located within city?
14319 W 95th St, South Clearwater, KS 67026

2 WATER WELL OWNER:
PAGE HOUSE
RR#, St. Address, Box #:
250 S. Byers.
City, State ZIP Code:
Clearwater Kansas 67026

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

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



4 DEPTH OF WELL 37 ft.

WELL'S STATIC WATER LEVEL 30 ft

WELL WAS USED AS:

(1) Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring
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

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	Brick

Blank casing diameter 42 in. Was casing pulled? Yes X No _____ If yes, how much 4 feet
Casing height above or below land surface N/A in.

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

Grout Plug Intervals: From 3 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	NONE
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	Direction from well? N/A
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
37'	30'	Road Gravel			
30'	5'	Clay			
5'	3'	Bentonite			
3'	Surface	Native Soil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/14/2011 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) 2/24/2011 under the business name of homeowner by (signature) Garretson Equipment LLC.

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at http://www.kdheks.gov/geo/waterwells.