|  |   |   |   | mw-7                  |                         |  |
|--|---|---|---|-----------------------|-------------------------|--|
| W  | ATER WELL PLUGGING I  | RECORD Form W   | WC-5P KSA   | 82a-1212 ID NO.       |                         |  |
| 1  | LOCATION OF WATER WELL:   | Fraction  | Section Number  |                       | Range Number            |  |
|  | County: Tend  | 14 SE 14 NE 14 A  |   | T 2 S                 | 6 DE WW                 |  |
|  | Street/Rural Address of Well Location; if unknown, distance & Global Positioning Systems (GPS) information:  Latitude: 39. (in decimal degrees) |   |   |                       |                         |  |
|  | direction from nearest town or intersect check here   | Longitude: 9  |   |                       |                         |  |
|  | RR Depot in Lovewell, Ks  |   | Elevation:  | Elevation:            |                         |  |
|  |   |   |   | GS84, PNAD83          | , □ NAD27               |  |
| —  | RNS   | - Collection Method   | Collection Method: GPS unit (Make/Model: Garmin etrek |                       |                         |  |
| 2  | WATER WELL OWNER: 514 3   | r Venera Ave  | GPS unit (M   | ake/Model:            | Maria Diamenta          |  |
|  | 2 WATER WELL OWNER: BNSF Railway Co.  RR#, St. Address, Box #: 4515 Kansas Ave.  City State 718 Codes   15   15   15   15   15   15   15   1    |   |   |                       |                         |  |
|  | City, State ZIP Code: Kansas City KS 66106 Est. Accuracy: - < 3 m, - 5-15 m, - 5-15 m, - > 15 m   |   |   |                       |                         |  |
| 3  |   |   |   |                       |                         |  |
|  | WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ft  |   |   |                       |                         |  |
|  | N N   |   |   |                       |                         |  |
|  | WELL WAS USED AS:   |   |   |                       |                         |  |
|  | NW NE -   | Domestic  | Public Water Su                                       |                       | atering                 |  |
| **   |   | Irrigation  | Oil Field Water                                       |                       | itoring                 |  |
| W  | W E Feedlot Domestic (Lawn & Garden) Injection Well  Sw Other   |   |   |                       |                         |  |
|  | SW SE SE MINIMUSTRAL MICONDITIONING CONTROL OTHER   |   |   |                       |                         |  |
|  | Was a chemical/bacteriological sample submitted to Department? Yes No   |   |   |                       |                         |  |
| 5  | TYPE OF BLANK CASING USE  | <u> </u>  |   |                       |                         |  |
|  | THE OF BLANK CASING USED.   |   |   |                       |                         |  |
|  | Steel RMP (SR) Wrought Fiberglass Other (Specify below)   |   |   |                       |                         |  |
|  | PVC ABS Asbestos-Cement Concrete Tile   |   |   |                       |                         |  |
|  | Blank casing diameterin. Was casing pulled? Yes \textstyle No \( \Boxed{1} \) If yes, how much  |   |   |                       |                         |  |
|  | Casing height above or below land surface 30 in.  |   |   |                       |                         |  |
| Casing height above of below land surfacein.   |   |   |   |                       |                         |  |
|  |   |   |   |                       |                         |  |
| 6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other  |   |   |   |                       |                         |  |
| Grout Plug Intervals: From 18 ft. to 2 ft., From ft. to ft., From to ft.   |   |   |   |                       |                         |  |
|  |   |   |   |                       |                         |  |
| What is the nearest source of possible contamination:  |   |   |   |                       |                         |  |
| Septic tank Seepage pit Fuel Storage Other (specify below)   |   |   |   |                       |                         |  |
| Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage  |   |   |   |                       |                         |  |
| Lateral lines   Feedyard   Abandoned water well Direction from well?   |   |   |   |                       |                         |  |
| Cess pool Livestock pens Oil well/Gas well How many feet?  |   |   |   |                       |                         |  |
|  |   | CONTRACTOR OF THE PARTY OF THE | T PROME TO  | DI HOOD IO            | NA TERMINA              |  |
|  |   | GGING MATERIALS   | FROM TO   | PLUGGING              | MATERIALS               |  |
|  |   | <u>Soi l</u>  |   |                       |                         |  |
|  | 2 N Bento   | ni Tl   |   | -                     |                         |  |
|  |   |   |   |                       |                         |  |
|  |   |   |   |                       |                         |  |
|  |   |   |   |                       |                         |  |
|  |   |   |   | -                     |                         |  |
|  |   |   |   |                       |                         |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was   |   |   |   |                       |                         |  |
| completed on (mo/day/year) 3/14 2017 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 3/16/12 under the                                     |   |   |   |                       |                         |  |
| business name of Below Ground Surface, Inc. by (signature)   |   |   |   |                       |                         |  |
|  |   |   |   |                       |                         |  |
| 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: 785/296-5524. Send one to Water Well Owner and retain one for your |   |   |   |                       |                         |  |
| Jack   | son St., Ste. 420, Topeka, Kansas 66<br>rds. Visit us at http://www.kdheks.g  | )012-1307. Telephone: /8  | SULLYU-UULH. SENU ONE                                 | to water well Owner a | and retain one for your |  |
| reco   | rus. visit us at http://www.kuneks.g  | ,017 Water Well/ Hidex.html.  |   |                       |                         |  |
| Check one: White Copy Blue Copy Pink Copy  |   |   |   |                       |                         |  |