Corrected WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: Stevens NW1/4 NW 1/4 SE 1/4 16 Distance and direction from nearest town or city street address of well if located within city? 700 S. Main, Hugoton, Kansas Global Positioning Systems (decimal degrees, min. of 4 digits WATER WELL OWNER: Taylor Food Mart #627 Longitude: RR#, St. Address, Box #: Elevation: P.O. Box 1049 Datum: City, State ZIP Code: Data Collection Method: Hugoton, KS 67951 DEPTH OF WELL 128.92 ft. MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL /// 38 ft BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply (10) Monitoring 7 Domestic (Lawn & Garden) 3 Feedlot 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other ____ SE __ Was a chemical/bacteriological sample submitted to Department? Yes_____No X TYPE OF BLANK CASING USED: 3 RMP (SR) 5 Wrought 7 Fiberglass 1 Steel 9 Other (Specify below) 4 ABS 6 Asbestos-Cement 8 Concrete Tile 2 PVC Blank casing diameter $\frac{\mathcal{U}}{}$ in. Was casing pulled? Yes $\frac{\chi}{}$ No _____ If yes, how much $\frac{3}{}$ Casing height above or below land surface _____ in. 4 Other GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite From 12892ft. to 111.38 ft., From 111.38 ft. to 3 ft., From 3 to 5 ft.

chl. Sand Bentin, ke silts/clays

te of possible contamination:
6 Seepage pit 11 Fuel Storage 16 Other (specify below) 5 - 0 - concert

7 Pit privy 12 Fertilizer storage Cont.s. ke Grout Plug Intervals: What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well Direction from well? 4 Lateral lines 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? FROM PLUGGING MATERIALS FROM PLUGGING MATERIALS 111.38 Chlonnated Sand Bentonike Surface & Its /clays 111.38 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ____03/18/09 ____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ___585 ____ . This Water Well Record was completed on (mo/day/year) __04/1/09 ____ under the ASSUCIATED ENVIRONMENT by (signature) business name of INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in our standardine 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/waterwell/index.html.

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