mw-4K WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. Section Number Township Number Range Number Fraction LOCATION OF WATER WELL: NW1/4 NW 1/4 SE 1/4 16 33S 37W County: Stevens 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 Latitude: Longitude: RR#, St. Address, Box #: Elevation: P.O. Box 1049 City, State ZIP Code: Datum: Data Collection Method: Hugoton, KS 67951 4 DEPTH OF WELL 129.60 ft. MARK WELL'S LOCATION WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL 110. 34 BOX: WELL WAS USED AS: ____ NE _ 5 Public Water Supply 9 Dewatering 1 Domestic reedlot
4 Industrial Monitoring 6 Oil Field Water Supply fl Injection Well 7 Domestic (Lawn & Garden) 8 Air Conditioning 12 Other Was a chemical/bacteriological sample submitted to Department? Yes Nov TYPE OF BLANK CASING USED: 9 Other (Specify below) 7 Fiberglass 5 Wrought L Steel 3 RMP (SR) 8 Concrete Tile (2)PVC 6 Asbestos-Cement 4 ABS Blank casing diameter _____ in. Was casing pulled? Yes __X No_____ If yes, how much ______ /___ Casing height above or below land surface _____ in. GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 129.6 ft. to 1034 ft., From 110.34 ft. to 5 ft., From 3 to 5 ft.

Chlorineted sand Bantontt Surface 5/ts/clays

What is the nearest source of possible contamination:

1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) 5 - 0 - concuett

2 Sewer lines 7 Pit privy 12 Fertilizer storage

3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage

4 Level Vive 9 Production of the private walls of the production of the private walls of the priv Grout Plug Intervals: 9 Feedyard 14 Abandoned water well Direction from well? 4 Lateral lines How many feet? 10 Livestock pens 15 Oil well/Gas well 5 Cess pool PLUGGING MATERIALS FROM TO PLUGGING MATERIALS FROM TO 110.34 Chlorineted Sand 129.6 Benton, Ke 110-34 3 Surface Silts Iclays 0 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 Associated Environmental le by (signature) business name of 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/waterwell/index.html.

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