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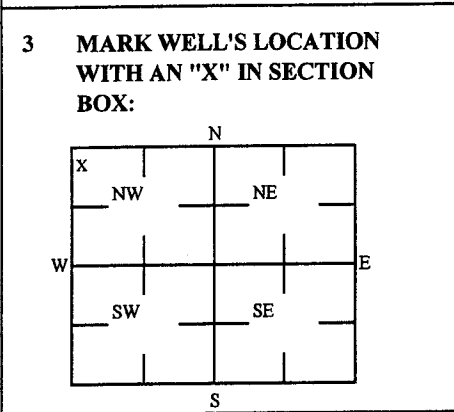
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

MW4

1 LOCATION OF WATER WELL: County: Decatur Fraction NW 1/4 NW 1/4 NW 1/4 NW 1/4 Section Number 1 Township Number T 3 S Range Number 29 E X W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [X] Global Positioning Systems (GPS) information: Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum: [] WGS84, [] NAD83, [] NAD27 Collection Method: [] GPS unit (Make/model): [] Digital Map/Photo, [] Topographic Map [] Land Survey Est. Accuracy: [] <3 m, [] 3-5 m, [] 5-15 m, [] >15 m

2 WATER WELL OWNER: Don Westervelt RR#, St. Address, Box #: 408 W. Frontier Pkwy. City, State ZIP Code: Oberlin, KS 67749



4 DEPTH OF WELL 100.93 ft. MW4 WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: [] Domestic [] Irrigation [] Feedlot [] Industrial [] Public Water Supply [] Oil Field Water Supply [] Domestic (Lawn & Garden) [] Air Conditioning [] Dewatering [X] Monitoring [] Injection Well [] Other _____ Was a chemical/bacteriological sample submitted to Department? Yes [] No [X]

5 TYPE OF BLANK CASING USED: [] Steel [X] PVC [] RMP (SR) [] ABS [] Wrought [] Asbestos-Cement [] Fiberglass [] Concrete Tile [] Other (Specific below) _____ Blank casing diameter 2 in. Casing height above or below land surface NA in. Was casing pulled? Yes [X] No [] If yes, how much 3'

6 GROUT PLUG MATERIAL: [] Neat cement [] Cement grout [X] Bentonite [X] Other Gravel: 0-1'; Soil: 1-3' Flowable fill: 5-100.93' Grout Plug Intervals: From 3 ft to 5 ft, From _____ ft to _____ ft, From _____ ft to _____ ft. What is the nearest source of possible contamination: [] Septic tank [] Sewer lines [] Watertight sewer lines [] Lateral lines [] Cess pool [] Seepage pit [] Pit privy [] Sewage lagoon [] Feed yard [] Livestock pens [] Fuel storage [] Fertilizer storage [] Insecticide storage [] Abandoned water well [] Oil well/Gas well [] Other (specify below) _____ Direction from well? _____ How many feet? _____

Table with columns: FROM, TO, PLUGGING MATERIALS. Rows: 0-1 Gravel, 1-3 Soil, 3-5 Bentonite, 5-100.93 Flowable fill. KDHE ID: Don Westervelt; U6-020-00195

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/11-13/16 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 2/4/2016 under the business name of Larsen & Associates, Inc. By (signature) _____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.