Form WWC-5P

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|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1 LOCATION OF WATER WELL: #4 | Fraction | Section Number | Township Number | Range Number |
| County: Cloud | 1/4 1/4SW 1/4 | 21 | 5s | 3w |
| Distance and direction from near 2 miles north o | | t address of well if | located within city | ? |
| | | esign | | |
| 2 WATER WELL OWNER: KDOT OF DO RR#, St. Address, Box #: City, State, ZIP Code : TOT | ocking Bldg. ocka, KS 66612 | Board of Agric Application No | culture, Division of umber:NO | Water Resources |
| 3 MARK WELL'S LOCATION WITH | 4 DEPTH OF WELL | | ft. 29 | |
| AN "X" IN SECTION BOX: | WELL'S STATIC WATE | ER LEVEL | ft. 24 | |
| | WELL WAS USED AS: | 11 | | |
| W E | 1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial | 5 Public Water Sup 6 Oil Field Water 5 7 Lawn and Garden 6 8 Air Conditioning | Supply 10 Monitori Only 11 Injectio | ng Well |
| s w X s e | Was a chemical/bact If yes, mo/day/yr s | eriological sample s ample was submitted. | ubmitted to Departme | nt? YesNo.X. |
| s | Water Well Disinfec | ted: YesX No | •••• | |
| 5 TYPE OF BLANK CASING USED: | 0 | | | |
| | 2 ought 7 Fiber bestos-Cement 8 Concr | glass 9 Other ete Tile | (specify below) | |
| Blank casing diameter Casing height above or belo | 2in. Was casing | pulled? YesX | No If yes, how | much |
| 6 GROUT PLUG MATERIAL: 3 Nea | t cement 2 Cement gro | ut 3 Bentonite | 4 Other | |
| Grout Plug Intervals: Fr | | | | |
| What is the nearest source | of possible contaminatio | n: 11 | | |
| 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool | 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens | 11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel | ge age well | pecify below) |
| Direction from well?n | orthwest | How many feet? 150 | 0.' | |
| FROM TO P | LUGGING MATERIALS | , | | |
| surf. 15' Bent | onite | | | |
| | rinated sand | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S on (mo/day/year)4/1 Water Well Contractor's Lic5/5/98. by (signature) .KeVin. A | ense NoNA under the business nam | r well was plugged u rd is true to the be This Water Well e of . KansasD | nder my jurisdiction st of my knowledge a Record was complete eptof Tran | and was completed and belief. Kansas ad on (mo/day/year) S.DOTTATION |

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.