WATER WELL PLUGGING RECORD   Form WWC-5P   KSA 82a-1212

1 LOCATION OF WATER WELL:

County	Fraction	Section Number	Township Number	Range Number
THOMAS	SE 1/4 SE 1/4 NW 1/4	34	6	36W

Distance and direction from nearest town or city street address of well if located within city?
9 NORTH 2 1/2 EAST OF BREWSTER KANSAS

2 WATER WELL OWNER: DOUGLAS F BELL
RR#, St. Address, Box #: 488
City, State, ZIP Code : COLBY KS 67701-0488
Board of Agriculture, Division of Water Resources Application Number: 22,353

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: (X marked in NW quarter)

4 DEPTH OF WELL 260 ft.
WELL'S STATIC WATER LEVEL 130 ft.

WELL WAS USED AS:
1 Domestic; (2) Irrigation (circled); 3 Feedlot; 4 Industrial; 5 Public Water Supply; 6 Oil Field Water Supply; 7 Lawn and Garden Only; 8 Air Conditioning; 9 Dewatering; 10 Monitoring Well; 11 Injection Well; 12 Other

Was a chemical/bacteriological sample submitted to Department? Yes.... No X
If yes, mo/day/yr sample was submitted....................

Water Well Disinfected: Yes X No......

5 TYPE OF BLANK CASING USED:
(X 1 Steel) (circled); 2 PVC; 3 RMP (SR); 4 ABS; 5 Wrought; 6 Asbestos-Cement; 7 Fiberglass; 8 Concrete Tile; 9 Other (specify below)

Blank casing diameter 16 in.   Was casing pulled? Yes...... No X   If yes, how much..........
Casing height above or (below) land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement; 2 Cement grout; (3) Bentonite (circled); 4 Other

Grout Plug Intervals: From 3 ft. to 6 ft., From......ft. to......ft., From...... to......ft.

What is the nearest source of possible contamination:
(X 1) Septic tank (circled); 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 storage; 13 Insecticide storage; 14 Abandoned water well; 15 Oil well/Gas well; 16 Other (specify below)

Direction from well? SE   How many feet? 5280

FROM	TO	PLUGGING MATERIALS
260	6	WASHED CLEAN SAND
6	3	BENTONITE
3	0	TOP SOIL

RECEIVED
SEP 1 4 2007
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 07-25-2007 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 122 This Water Well Record was completed on (mo/day/year) 09-11-2007 under the business name of WESTERN SPRINKLERS, INC
by (signature) X [signature]

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.

Submit To: CHIEF ENGINEER
Division of Water Resources
Kansas Department of Agriculture
109 SW 9th Street, Second Floor
Topeka, Kansas 66612-1283
http://www.ksda.gov

KANSAS DEPARTMENT OF AGRICULTURE
DIVISION OF WATER RESOURCES

NOTICE OF COMPLETION OF DIVERSION WORKS and/or REPORT OF FLOWMETER INSTALLATION

For Office Use Only:
Code FIS
Fee $_____
TR # _____
Rcpt Date _____
Check # _____

Section 1. Action requiring this form is: (See supplemental instructions on form DWR 1-203.14)

☐ New application approval and permit to proceed ($400 fee required by K.S.A. 82a-714(d) is attached)

☒ Change in point of diversion (no fee). ☐ Change in place of use of water (no fee).

☐ Change in use made of water (no fee). ☐ A replacement of previous flowmeter (no fee).

☐ Term permit (no fee). ☐ Other (e.g., special order of the Chief Engineer).

I, the holder of a permit issued by the Chief Engineer of the Division of Water Resources pursuant to the file(s) referenced in section 2, hereby certify that the information on sections 1-5 of this form is correct to the best of my knowledge.

Signature: Douglas F. Bell Date: 8/1/07 (mo / day / year) I.D. No.: 505 78 4416 Social Security or Taxpayer

K.A.R. 5-1-1(y), defines diversion works as "all well(s), pump(s), power unit(s), power source(s), dam(s) and all other devices necessary to bring water under control for delivery to a distribution system by which the water will be distributed to the proposed use and any other equipment required . . . such as a check valve, water level measurement tube, meter or other measuring device."

If you have completed your diversion works as described above and completed the requirements as set forth in your Approval of Application, please complete this form: ***If you are unable to meet the requirements stated on your approval, you must submit a request for extension of time*** *(form DWR 1-203.15).* K.S.A. 82a-714(e) puts a $100 fee on an extension of time to complete the diversion works. **Failure to notify the Chief Engineer of the completion of the diversion works within the time allotted can result in dismissal of the referenced file(s) and loss of priority date.**

If the subject file(s) authorizes multiple new points of diversion (PDs), you may photocopy this form (both sides) and submit one form for each new PD authorized. An instruction sheet with sample entries is available as form DWR 1-203.14.

Section 2 - Location of the Point of Diversion

The location of the point of diversion should be described as actually installed. The description should include the Section, Township, and Range, the 10-acre tract description (¼ ¼ ¼) and the footage from the SE corner of the section.

1. File No(s): 22,353 _____ _____ [If assisted by DWR: P/D ID ____ By: ____]
2. The date the diversion works were completed: august 1rst, 2007.
3. The diversion works are located in the SE Quarter of the SE Quarter of the NW Quarter of (also described as 2970 feet North and 2895 feet West of the southeast corner of ...), Section 34, Township 6 South, Range 36 East / West, in Thomas County, Kansas.

If this is a change in point of diversion (PD), how was the PD being replaced identified? _____

4. ☒ Yes ☐ No Is a check valve installed? (Check valve is required when chemigating.)
5. ☒ Yes ☐ No If the source of supply is groundwater, is the water level measurement tube installed?
6. ☐ Yes ☐ No If the source of supply is a surface water reservoir, is a stage-measuring device installed?

Section 3 PRINT CLEARLY

Printed Name: Douglas F. Bell

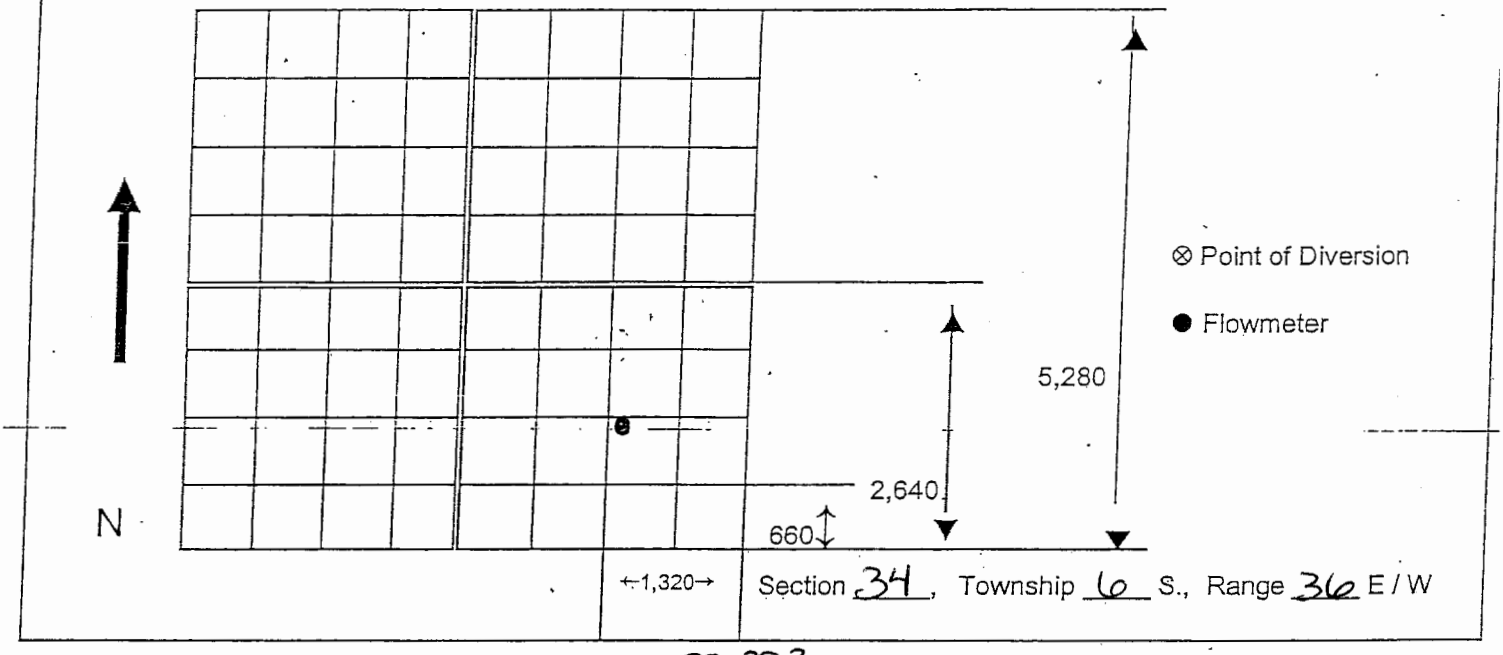
Address: 1 Ford Dr

City, ST Zip: Colby KS 67701 Telephone: 785 462 6755

405942

Section 4 - Point of Diversion/Flowmeter Location Map

The plat below represents a one-mile square. Please indicate the location of the point of diversion and the location of the flowmeter installation. Write in section number(s) as appropriate.



Section 34, Township 6 S., Range 36 E / W

Section 5 - Flowmeter information

File No(s): 22,353 , _____ , _____

7. Manufacturer of Flowmeter: McCrometer Date Flowmeter Installed: 11/1/04 (mo / day / year)
8. Model Number: MD308 (Obtain from seller or invoice)
9. Flowmeter Type: ☒ Propeller ☐ Turbine ☐ SLV ☐ Multi-jet ☐ Positive Displacement ☐ Electromagnetic ☐ Vortex ☐ Ultrasonic ☐ Paddlewheel Other: _____
10. Flowmeter Serial Number: 04-8-2130
11. Flowmeter Units: ☐ Gallons ☒ Acre-Feet ☐ Acre-Inches Other: _____
12. Flowmeter Size: ☐ 2" ☐ 4" ☐ 6" ☒ 8" ☐ 10" ☐ 12" Other: _____
13. Multiplier Factor: ☐ 1000 ☐ 100 ☐ 10 ☐ 1 ☐ 0.1 ☐ 0.01 ☒ 0.001 Other: _____
(Multiplier factor is normally indicated on flowmeter readout – possibly by printed zeros)
14. Flowmeter totalizer reading when installed: 0.

If the flowmeter is hidden, or not within 100 ft of the point of diversion being metered, please describe its location, draw a diagram above and explain details on diagram: ☐ Flowmeter is at pivot

15. The flowmeter is located in the _____ Quarter of the _____ Quarter of the _____ Quarter
[or describe from section lines: _____ feet (North or South) and _____ feet (East or West)]
in Section _____, Township _____ S., Range _____ (East/West).

16. ☐ Yes ☒ No Is flowmeter installed on a portable pump?
17. ☒ Yes ☐ No Are straightening vanes installed? (Required for any approval dated after Sept. 22, 2000)
18. ☐ Yes ☒ No Does flowmeter serve more than one point of diversion? (If yes, show on diagram above.)
19. ☐ Yes ☒ No Is this a replacement flowmeter? If yes, identify the previous flowmeter:

Make: _____, Model: _____, Serial no.: _____

Totalizer reading at replacement time: _____ Date flowmeter removed: _____ (mo / day / year)

If you have further questions on how to fill out this form, please contact the field office in your area:

Topeka
109 SW 9th Street, 1st Floor
Topeka, KS 66612-2216
(785) 368-8251

Stafford
105 North Main St.
Drawer F
Stafford, KS 67578
(620) 234-5311

Stockton
820 South Walnut
P O Box 192
Stockton, KS 67669
(785) 425-6787

Garden City
2508 Johns Street
Garden City, KS 67846
(620) 276-2901

Please submit to: Kansas Department of Health & Environment
Bureau of Water - Geology Section
1000 S. W. Jackson Street, Suite 420
Topeka, Kansas 66612-1367

INACTIVE WATER WELL REQUEST FORM WWC-6 KSA

In accordance with K.A.R. 28-30-7, Landowners may obtain the department's written approval to maintain wells in an inactive status rather than being plugged if the landowner can present evidence to the department as to the condition of the well and as to the landowner's intentions to use the well in the future. As evidence of intentions, the owner shall be responsible for properly maintaining the well in such a way that:

- The well and the annular space between the hole and the casing shall have no defects that will permit the entrance of surface water or vertical movement of subsurface water into the well;
- The well is clearly marked and is not a safety hazard;
- The top of the well is securely capped in a watertight manner and is adequately maintained in such a manner as to prevent easy entry by other than the landowner;
- The area surrounding the well shall be protected from potential sources of contamination within a 50 foot radius;
- If the pump, motor or both, have been removed for repair, replacement, etc., the well shall be maintained to prevent injury to the people and to prevent the entrance of any contaminants or other foreign materials;
- The well shall not be used for disposal or injection of trash, garbage, sewage, wastewater or storm runoff; and
- The well shall be easily accessible to routine maintenance periodic inspection.

INSTRUCTIONS: Please provide the department with the following information on your inactive well. Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in all blanks, underline or circle the correct answers.

1. **LOCATION OF WATER WELL:** Fraction: SE 1/4 SE 1/4 NW 1/4 — Section #: 34 — Township #: T 6 S — Range #: R 36 E/W
   County: Thomas

2. **WATER WELL OWNER:** Douglas F. Bell
   RR#, St. Address, Box #: P.O. Box 498 — City, State, Zip Code: Colby KS 67701

3. **WATER RIGHT FILE NO.:** 22353

4. **DEPTH OF COMPLETED WELL:** 262 ft.

5. **WELL'S STATIC WATER LEVEL:** _____ ft.

6. **WELL PREVIOUSLY USED AS:**
   1. Domestic 2. (Irrigation) 3. Feedlot 4. Industrial 5. Public Water Supply 6. Oil Field Water Supply 7. Lawn and Garden Only 8. Air Conditioning 9. Dewatering 10. Observation Well 11. Injection Well 12. Other

7. **TYPE OF BLANK CASING USED:** (1. Steel) 2. PVC 3. RMP (SR) 4. ABS 5. Wrought Iron 6. Asbestos-Cement 7. Fiberglass 8. Concrete Tile 9. Other

8. **GROUT MATERIAL:** 1. Neat Cement 2. Cement Grout 3. (Bentonite) 4 Other _____
   Grout Interval: From _____ ft. To _____ ft.

9. **NEAREST SOURCE OF POSSIBLE CONTAMINATION:**
   (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 Storage 13. Insecticide Storage 14. Abandoned Water Well 15. Oil Well/Gas Well 16. Other (specify below) _____

10. **WELL ORIGINALLY CONSTRUCTED BY;**
    (Driller's Name): Blue Jay Drilling
    RR#, St. Address, Box #: _____ City, State, Zip Code: Colby KS 67701

11. **DATE WELL PLACED ON INACTIVE STATUS:** 8/1/07

12. **ESTIMATED REACTIVATION DATE:** None

I certify this water well currently in compliance with all applicable requirements for inactive wells and agree to maintain the well in accordance with K.A.R. 28-30-7f until such time well is either reactivated or plugged.

Douglas F Bell
Signature of Well Owner

d/water wells/wwp procedures/WWC-6