

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

1 LOCATION OF WATER WELL: County: Morris	Fraction SE ¼ NE ¼ SE ¼ NE ¼	Section Number 10	Township Number T 15 S	Range Number 8 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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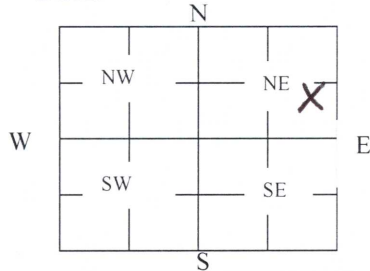
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 7.13 Mi North of the east US-56/K-177 Junction in Council Grove.

Global Positioning Systems (GPS) information:
 Latitude: 38.763475 N (in decimal degrees)
 Longitude: 96.501385 W (in decimal degrees)
 Elevation: 1412
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: Ks Dept. of Transportation
 RR#, St. Address, Box #: 700 SW Harrison Street
 City, State ZIP Code: Topeka, KS 66603

GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 98' ft.

WELL'S STATIC WATER LEVEL 50' ft

WELL WAS USED AS:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

- Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile Galvanized

Blank casing diameter 6 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface - 36 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 3 ft. to 98 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | _____ |
| <input type="checkbox"/> Watertight sewer lines | <input checked="" type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | _____ |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? <u>NW</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>900'</u> |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0'	3'	Compacted clay			Pit removed.
3'	98'	neat cement			Well plugged in round concrete pit.
					30 bags of cement were used, mixed at
					0.45 w/c ratio.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/13/2026 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 2/24/2026 under the business name of Kansas Department of Transportation by (signature) *Joseph P. Patie*

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.