| WATER WELL PLUGGING RECO | ORD Form WW | /C-5P | KSA 82: | a-1212 ID NO. | |
|--|---------------------------------------|----------------|---|-------------------------------|------------------------|
| 1 LOCATION OF WATER WELL: Frac | tion | Section | | Township Number | Range Number |
| County: 5N Shawnee 5E Street/Rural Address of Well Location; if unknown | 45W4 of 4NE | | | T (O S ystems (GPS) inform | 3 |
| direction from nearest town or intersection: If at owner's address, Latitude: | | | | | |
| check here \square 86 th St, and Carlson Rd Longitude: (in decimal degrees) | | | | | |
| 23 70 30000 | | | Elevation: Datum: WGS84, NAD83, NAD27 | | |
| | | | Collection Method: | | |
| 2 WATER WELL OWNER: Thomas Brothers Land, LYC GPS unit (Make/Model: | | | | | |
| RR#, St. Address, Box #: Po Box 54 | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | |
| City, State ZIP Code: Silver La | Est Accura | Est. Accuracy: | | | |
| | | | | | |
| 3 MARK WELL'S LOCATION 4 DEPTH OF WELL 55 | | | | | |
| BOX: WELL'S STATIC WATER LEVEL 16 | | | | | |
| WELL WAS USED AS: | | | | | |
| NW NE Domestic Public Water Supply Dewatering | | | | | |
| Irrigation Oil Field Water Supply Monitoring | | | | | |
| W Feedlot Domestic (Lawn & Garden) Injection Well | | | | | |
| sw SE _ Lindustrial Lindustrial Conditioning Lindustrial Other | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | |
| S I THE ENGLISHMENT OF THE PARTY OF THE PART | | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| | | | | | |
| Steel RMP (SR) Wrought Fiberglass Other (Specify below) RMP (SR) Asbestos-Cement Concrete Tile | | | | | |
| | | _ | _ | | |
| Blank casing diameter 16 in. Was | | No | If yes, ho | w much <u>4'</u> | |
| Casing height above or below land surface | e <u>+12</u> in. | | | | |
| | | | | | |
| 6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other | | | | | |
| | | | | | |
| Grout Plug Intervals: From 55 ft. to 3 ft., From ft. to ft., From to ft. | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| Septic tank Seepage pit Fuel Storage Other (specify below) | | | | | |
| Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Insecticide storage | | | | | |
| Lateral lines Feedyard Abandoned water well Direction from well? | | | | | |
| Cess pool Livestock pens Oil well/Gas well How many feet? | | | | | |
| EROM TO BLUCCING | NATEDIALC | EDOM | 200 | DI HOODIO | MATERIALG |
| FROM TO PLUGGING | MATERIALS | FROM | то | PLUGGING | MATERIALS |
| | | | | 1 | |
| 3' 0' surround | ng 5011 | | | 4 | |
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| | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER | 'S CERTIFICATION | N: This w | ater well v | vas plugged under m | v jurisdiction and was |
| completed on (mo/day/year) 01/10/2018 and this record is true to the best of my knowledge and belief Kansas Water | | | | | |
| Well Contractor's License No. | This Water Well R | lecord was c | completed of | n (mo/day/year) 01/ | 10/2018 under the |
| Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 01/10/2018 under the business name of Thomas Brothers Land, LLC by (signature) Alan 57 homas | | | | | |
| 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 66612-1 | 367. Telephone: 785/ | 296-5524. | Send one to | Water Well Owner an | nd retain one for your |
| records. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | |
| Check one: White Copy Blue Copy Pink Copy | | | | | |