

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

08-97-P212-0

1 LOCATION OF WATER WELL: County: <u>Riley</u>	Fraction <u>1/4 SW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>33</u>	Township Number <u>T 10 S</u>	Range Number <u>6</u> <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

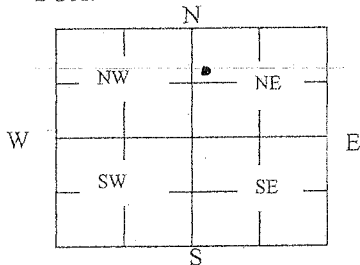
Global Positioning Systems (GPS) information:

Latitude: 166305.24 (in decimal degrees)
 Longitude: 297286.53 (in decimal degrees)
 Elevation: 1181.97
 Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: Directorate of Public Works
 RR#, St. Address, Box #: Dr. Richard SHIELDS
 City, State ZIP Code: 407 Main Post
FT Riley Kc 66442

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 47.25 ft.

WELL'S STATIC WATER LEVEL 43.09 ft

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input checked="" 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

Blank casing diameter 1 in. Was casing pulled? Yes No If yes, how much 36"
 Casing height above or below land surface 36" in.

6 GROUT PLUG MATERIAL:

- Neat cement Cement grout Bentonite Other

Grout Plug Intervals: From 47.25 ft. to 0' ft., From ___ ft. to ___ ft., From ___ 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 | <u>Range 16 FT Riley Kc</u> |
| <input type="checkbox"/> Watertight sewer lines | <input 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>NA</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>NA</u> |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>47.25</u>	<u>0'</u>	<u>NEAT Cement</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-25-2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 597. This Water Well Record was completed on (mo/day/year) 3-15-2012 under the business name of Boart Longyear Co by (signature) Chad Baker

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 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one: White Copy Blue Copy Pink Copy