

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

|                                                  |                            |                      |                         |                       |
|--------------------------------------------------|----------------------------|----------------------|-------------------------|-----------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>Riley County | Fraction<br>SW ¼ SW ¼ SW ¼ | Section Number<br>18 | Township Number<br>10 S | Range Number<br>R 8 E |
|--------------------------------------------------|----------------------------|----------------------|-------------------------|-----------------------|

Distance and direction from nearest town or city street address of well if located within city?  
Well was located at 1709 Ft. Riley Blvd. Manhattan KS.

|                                                                                                                                       |                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER:</b><br>Moo To You Inc.<br>RR#, St. Address, Box #:<br>PO Box 4119<br>City, State ZIP Code:<br>Wichita KS 67204 | <b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                   |  |  |    |  |    |  |    |  |    |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |              |                          |               |           |                            |                   |              |                    |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|--|--|----|--|----|--|----|--|----|--|---|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|--------------|--------------|--------------------------|---------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><br><div style="text-align: center;"> N<br/> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">NW</td> <td></td> <td style="text-align: center;">NE</td> <td></td> </tr> <tr> <td style="text-align: center;">SW</td> <td></td> <td style="text-align: center;">SE</td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> </table> <br/> S </div> |                            |                   |  |  | NW |  | NE |  | SW |  | SE |  | X |  |  |  | <b>4 DEPTH OF WELL</b> <u>25.5</u> ft.<br><br>WELL'S STATIC WATER LEVEL <u>18.96</u> ft.<br><br>WELL WAS USED AS:<br><br><table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> _____ | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                   |  |  |    |  |    |  |    |  |    |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | NE                |  |  |    |  |    |  |    |  |    |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | SE                |  |  |    |  |    |  |    |  |    |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                   |  |  |    |  |    |  |    |  |    |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5 Public Water Supply      | 9 Dewatering      |  |  |    |  |    |  |    |  |    |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6 Oil Field Water Supply   | 10 Monitoring     |  |  |    |  |    |  |    |  |    |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7 Domestic (Lawn & Garden) | 11 Injection Well |  |  |    |  |    |  |    |  |    |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |              |                          |               |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8 Air Conditioning         | 12 Other _____    |  |  |    |  |    |  |    |  |    |  |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |              |                          |               |           |                            |                   |              |                    |                |

|                                     |            |                   |                 |                               |
|-------------------------------------|------------|-------------------|-----------------|-------------------------------|
| <b>5 TYPE OF BLANK CASING USED:</b> |            |                   |                 |                               |
| 1 Steel                             | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (Specify below) _____ |
| 2 PVC                               | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |                               |

Blank casing diameter 2 in. Was casing pulled? Yes x No \_\_\_\_\_ If yes, how much 3 FT \_\_\_\_\_  
Casing height above or below land surface \_\_\_\_\_ in.

|                               |               |                |             |                           |
|-------------------------------|---------------|----------------|-------------|---------------------------|
| <b>6 GROUT PLUG MATERIAL:</b> | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other <u>Sand</u> _____ |
|-------------------------------|---------------|----------------|-------------|---------------------------|

Grout Plug Intervals: From 3 ft. to 25.5 ft., From 0 ft. to 3 ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                          |                   |                         |                                |
|--------------------------|-------------------|-------------------------|--------------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel Storage         | 16 Other (specify below) _____ |
| 2 Sewer lines            | 7 Pit privy       | 12 Fertilizer storage   |                                |
| 3 Watertight sewer lines | 8 Sewage lagoon   | 13 Insecticide storage  |                                |
| 4 Lateral lines          | 9 Feedyard        | 14 Abandoned water well | Direction from well? <u>SW</u> |
| 5 Cess pool              | 10 Livestock pens | 15 Oil well/Gas well    | How many feet? <u>50</u> ft    |

| FROM | TO   | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|------|--------------------|------|----|--------------------|
| 0'   | 3    | Soil               |      |    |                    |
| 3    | 25.5 | Bentonite          |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |
|      |      |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/5/2009 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585. This Water Well Record was completed on (mo/day/year) 10/5/2009 under the business name of Associated Environmental, Inc. by (signature) \_\_\_\_\_.

**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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.