

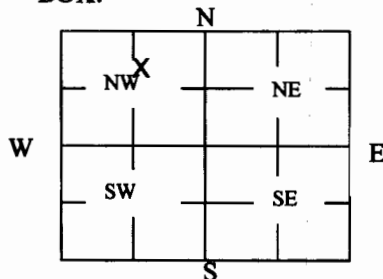
WATER WELL PLUGGING RECORD Form WWC-5P
KSA 82a-1212
ID NO.
MW1

1 LOCATION OF WATER WELL: County: Shawnee	Fraction NE ¼ SW ¼ NE ¼ NW ¼	Section Number 2	Township Number T 11 S	Range Number 15 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
---	---------------------------------	---------------------	---------------------------	---

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: 39.12915 (in decimal degrees)
 Longitude: 95.71830 (in decimal degrees)
 Elevation: 973.23
 Horizontal Datum: ☒ WGS84, ☐ NAD83, ☐ NAD27
 Collection Method:

2 WATER WELL OWNER: Petro Deli 4, LLC RR#, St. Address, Box #: 3603 NW 46th St. City, State ZIP Code: Topeka, KS 66618	<input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
---	--

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

4 DEPTH OF WELL 20.07 ft.

WELL'S STATIC WATER LEVEL 12.81 ft

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|--|
| <input 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 checked="" 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:

- | | | | | |
|---|-----------------------------------|--|--|--|
| <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other (Specify below) _____ |
| <input checked="" type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | |

 Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3-ft
 Casing height above or below land surface 0 in.

6 GROUT PLUG MATERIAL:

- ☐
- Neat cement
- ☐
- Cement grout
- ☒
- Bentonite
- ☐
- Other _____

Grout Plug Intervals: From 20.07 ft. to 3 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 checked="" 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 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? _____ |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
20.07	3	Bentonite Chips			
3	0.5	Clean Compacted Silt/Clay			
0.5	0	Gravel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/13/2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. PG #762. This Water Well Record was completed on (mo/day/year) 11/13/2020 under the business name of ppB enviro-solutions by (signature) _____

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.

KSA82a-1212
Revised 1/20/2015