

WATER WELL PLUGGING RECORD Form WWC-5P

Amoco 5289
KSA 82a-1212 ID NO.

MW-7

1 **LOCATION OF WATER WELL:** County: Shawnee Fraction: NW 1/4 S4 1/4 S4 1/4 Section Number: 18 Township Number: 11 Range Number: 16 W

Distance and direction from nearest town or city street address of well if located within city?

635 Hwy 24 Topeka KS 66608

2 **WATER WELL OWNER:** BP Amoco
RR#, St. Address, Box #: 635 Hwy 24
City, State ZIP Code: Topeka KS 66608

Global Positioning Systems (decimal degrees, min. of 4 digits)
Latitude: _____
Longitude: _____
Elevation: 884.27
Datum: 884.68
Data Collection Method: Legal Survey

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

		N			
	NW			NE	
W			X		E
	SW		SE		
		S			

4 **DEPTH OF WELL** 32.75 ft.
WELL'S STATIC WATER LEVEL 28.37 ft.
WELL WAS USED AS:
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 _____
Was a chemical/bacteriological sample submitted to Department? Yes _____ No

5 **TYPE OF BLANK CASING USED:**
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 No _____ If yes, how much 19' 34'
Casing height above or below land surface _____ in.

6 **GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout Bentonite 4 Other _____
Grout Plug Intervals: From 0 ft. to 20 ft., From 0 ft. to 34 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) USTs
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? E
5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? 10'

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	20 34	Bentonite			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/20/06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 704. This Water Well Record was completed on (mo/day/year) 11/21/07 under the business name of MAXS by (signature) David [unclear]

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