	WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1212	ID NO
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Numb	er Range Number
County: Shawnee	NEW SE 14 NW4	33	11 5	16 EM
Distance and direction from nearest town or city street address of well if located within city?				
BNSF East Topeka Yard: From Seward Rd. take Strait R1, South to RE tracks then west approx. 1000 ft.				
2 WATER WELL OWNER: BUSF Railroad  BB # St Address Box #: 4515 Kansas Ave.  Board of Agriculture Division of Water Resources				
City, State, ZIP Code : Kansas City, RS 66/116 Application Number:				
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL			
WELL'S STATIC WATER LEVEL 32.66 ft.				
WELL WAS USED AS:				
NW NE	1 Domestic	5 Public Water Supply		
	2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li></ul>	arden) 11 Injec	itoring Well tion Well
W E	4 Industrial	8 Air Conditioning		er
SW SE Was a chemical / bacteriological sample submitted to Department? Yes				
Water Well Disinfected: Yes No				
S	water well disinfected: Ye	98 No.f		
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				
7 06				
Casing height above or helow land surface 27 in				
6 GROUT PLUG MATERIAL: 1 Neat cement \( \sqrt{2} \) Cement grout \( \text{\$\text{\$\sigma}\$ Bentonite } \sqrt{4} \) Other \( \text{\$\text{\$\sigma}\$ Alive \( \text{\$\sigma} \) i				
Grout Plug Intervals: From 3.9ft. to				
What is the nearest source of possible  1 Septic tank	contamination: 6 Seepage pit	11 Fuel storage	<b>1</b> €Othor	(specify holow)
2 Sewer lines	7 Pit privy	12 Fertilizer storage		(specify below)
3 Watertight sewer lines 4 Lateral lines	<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>	<ul><li>13 Insecticide storage</li><li>14 Abandoned water</li></ul>		
5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well?				
FROM TO PL	UGGING MATERIALS			
38 1 Bentonite	grout			
1 0 Native So	il (clay)			
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on				
(mo/day/year)				
(mo/day/year)				
INSTRUCTIONS: Use typewriter or ball point 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.				