

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Shawnee</u> Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Pasture west of <u>1223 NE Chester</u> <div style="color: red; font-weight: bold; font-size: 1.2em; margin-left: 100px;">CORRECTED 1224 NE CHESTER</div>	Fraction <u>NW 1/4 SE 1/4 SE 1/4 SW 1/4</u> 	Section Number <u>21</u> 	Township Number <u>11 T S</u> 	Range Number <u>16</u> <input type="checkbox"/> E <input type="checkbox"/> W 																																																						
<b>2 WATER WELL OWNER:</b> Topeka, City of RR#, St. Address, Box #: <u>620 SE Madison, St, Unit 13</u> City, State ZIP Code: <u>Topeka Kansas 66607</u>		<b>Global Positioning Systems (GPS) information:</b> Latitude: <u>39.074545</u> (in decimal degrees) Longitude: <u>95.642354</u> (in decimal degrees) Elevation: <u>880</u> Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																								
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center; margin-top: 10px;"> </div>	<b>4 DEPTH OF WELL</b> <u>19</u> ft. WELL'S STATIC WATER LEVEL <u>19</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply  <input type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning         </div> <div style="width: 30%;"> <input type="checkbox"/> Dewatering  <input type="checkbox"/> Monitoring  <input type="checkbox"/> Injection Well  <input type="checkbox"/> Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																									
<b>5 TYPE OF BLANK CASING USED:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%;"> <input type="checkbox"/> Steel  <input checked="" type="checkbox"/> PVC         </div> <div style="width: 20%;"> <input type="checkbox"/> RMP (SR)  <input type="checkbox"/> ABS         </div> <div style="width: 20%;"> <input type="checkbox"/> Wrought  <input type="checkbox"/> Asbestos-Cement         </div> <div style="width: 20%;"> <input type="checkbox"/> Fiberglass  <input type="checkbox"/> Concrete Tile         </div> <div style="width: 20%;"> <input type="checkbox"/> Other (Specify below) _____         </div> </div> Blank casing diameter <u>5</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>3</u> ft Casing height above or below land surface <u>36</u> in.																																																										
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>3</u> ft. to <u>19</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Septic tank  <input type="checkbox"/> Sewer lines  <input type="checkbox"/> Watertight sewer lines  <input type="checkbox"/> Lateral lines  <input type="checkbox"/> Cess pool         </div> <div style="width: 30%;"> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feedyard  <input type="checkbox"/> Livestock pens         </div> <div style="width: 30%;"> <input type="checkbox"/> Fuel storage  <input type="checkbox"/> Fertilizer storage  <input type="checkbox"/> Insecticide storage  <input type="checkbox"/> Abandoned water well  <input type="checkbox"/> Oil well/Gas well         </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Other (specify below)  <u>Pasture</u>          Direction from well? <u>All</u>          How many feet? <u>100</u> </div> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>19</td> <td>Bentonite</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	0	3	Soil				3	19	Bentonite																																							
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>01/31/2020</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>760</u> . This Water Well Record was completed on (mo/day/year) <u>02/06/2020</u> under the business name of <u>Associated Drilling Inc</u> 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.