

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

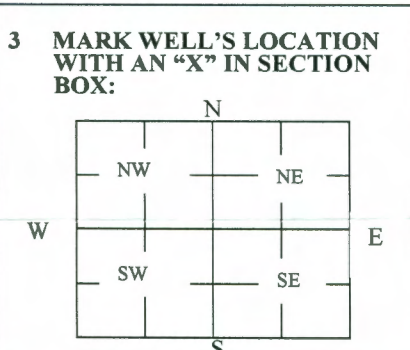
1 LOCATION OF WATER WELL: Fraction w2 1/4 sw 1/4 sw 1/4 sw 1/4 Section Number 20 Township Number T 11 S Range Number 16 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 1317 NW Van Buren St, Topeka, KS 66608

Global Positioning Systems (GPS) information:
 Latitude: 39.074393 (in decimal degrees)
 Longitude: -95.669134 (in decimal degrees)
 Elevation: 879
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: Jeffrey Chapman
 RR#, St. Address, Box #: 1321 NW Van Buren St.
 City, State ZIP Code: Topeka, KS 66608

GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 3 ft.
 WELL'S STATIC WATER LEVEL 0 ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other Unknown

Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile Brick/Stone

Blank casing diameter 36 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 10 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 3 ft. to 2.5 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 type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____
<input checked="" 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	
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

Direction from well? West
 How many feet? Approximately 30 ft

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
3	2.5	Bentonite			This hand dug well had been partially filled in with topsoil prior to being identified by the Demolition Contractor on 3/31/2021.
2.5	0	Clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/1/2021 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 4/8/2021 under the business name of Precision Demolition, LLC. Oak Grove, MO by (signature) Shawnee County Health Dept. Gary Larson

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.