

**WATER WELL PLUGGING RECORD Form WWC-5P**

MW-13A

KSA 82a-1212 ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: Wyandotte	Fraction ¼ SW ¼ SW ¼ SW ¼	Section Number 6	Township Number T 11 S	Range Number 25 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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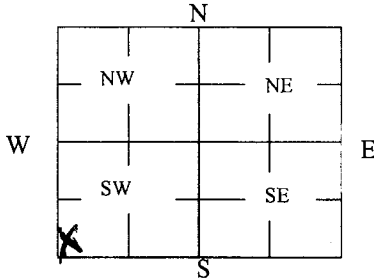
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here  4626 State Ave.; Kansas City, KS

**Global Positioning Systems (GPS) information:**  
 Latitude: 39.11713 (in decimal degrees)  
 Longitude: 94.68562 (in decimal degrees)  
 Elevation: 895  
 Horizontal Datum:  WGS84,  NAD83,  NAD27  
 Collection Method:

**2 WATER WELL OWNER:** Atlantic Richfield Co.  
 RR#, St. Address, Box #: 501 Westlake Park Blvd.  
 City, State ZIP Code: Houston, TX 77079

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

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



**4 DEPTH OF WELL** 29 ft.

WELL'S STATIC WATER LEVEL 15.92 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 all  
 Casing height above or below land surface -6 in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 0 ft. to 3 ft., From 3 ft. to 29 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
0	3	Grass/Topsoil			
3	29	Bentonite			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/26/2016 10/27/16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 10/28/2016 under the business name of Below Ground Surface, Inc. by (signature) [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.