

MW3

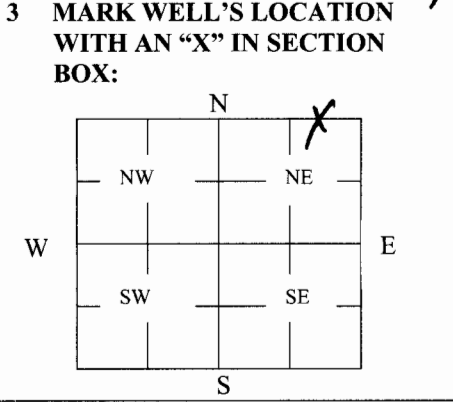
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. 0041981

1 LOCATION OF WATER WELL: County: Shawnee Fraction: NW 1/4 NE 1/4 NE 1/4 Section Number: 11 Township Number: 12 Range Number: 15

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

2619 SW 21ST STREET TOPEKA KS

2 WATER WELL OWNER: Kwik Shop Inc Global Positioning Systems (decimal degrees, min. of 4 digits)
RR#, St. Address, Box #: PO BOX 1927 Latitude: 39.028737
City, State ZIP Code: Huclinson KS Longitude: -95.709455
67504-1927 Elevation: 931.49 (TOC)
Datum: _____ Data Collection Method: Survey



4 DEPTH OF WELL 19.0 ft.
WELL'S STATIC WATER LEVEL 9.81 ft.
WELL WAS USED AS:
1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring 11 Injection Well 12 Other _____
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X

5 TYPE OF BLANK CASING USED:
1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____
Blank casing diameter 2 in. Was casing pulled? Yes X No _____ If yes, how much 36"
Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Plug Intervals: From 19 ft. to 3 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel Storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
Direction from well? WEST
How many feet? 65

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>19</u>	<u>1</u>	<u>Bentonite chips</u>			
<u>1</u>		<u>Surface concrete</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/20/09 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) 10/29/09 under the business name of Tank Management Services by (signature) [Signature]

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 records. Visit us at <http://www.kdheks.gov/geo/waterwells>.