MW 7

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. 0042858

1 LOCATION OF WATER WELL: County: Shawnee	Fraction NW¼SW¼SE¼	Section Number 6	Township Number 12S	Range Number 16 E/W

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

123 SE 20TH ST TOPEKA KS 66612

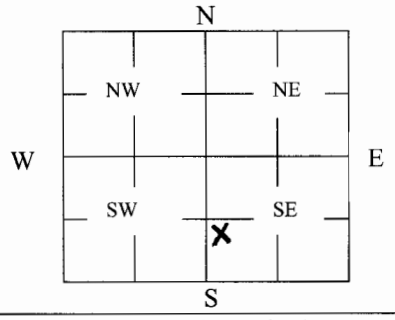
2 WATER WELL OWNER: Robert Florence Contractor, Inc.

RR#, St. Address, Box #: 1934 S. Kansas, Ave

City, State ZIP Code: Topeka, KS, 66612

Global Positioning Systems (decimal degrees, min. of 4 digits
Latitude: _____
Longitude: _____
Elevation: _____
Datum: _____
Data Collection Method:

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



4 DEPTH OF WELL 28.65 ft.

WELL'S STATIC WATER LEVEL 17.12 ft

WELL WAS USED AS:

1 Domestic 5 Public Water Supply 9 Dewatering
2 Irrigation 6 Oil Field Water Supply 10 Monitoring
3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well
4 Industrial 8 Air Conditioning 12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes_____ No X

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 _____

Blank casing diameter 2 in. Was casing pulled? Yes X No _____ If yes, how much 3'
Casing height above or below land surface 40" in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 28.65 ft. to 1 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below)
2 Sewer lines 7 Pit privy 12 Fertilizer storage Material Storage Yard
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? Well in yard
5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
28.65	1	Bentonite Chips			
1	0	Grajel			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/10/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA. This Water Well Record was completed on (mo/day/year) 7/17/09 under the business name of Tank Management Services by (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.