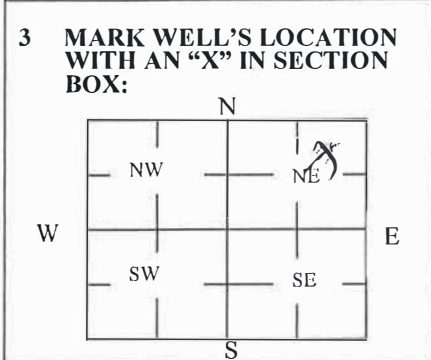


WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

| | | | | |
|---|---------------------------------|----------------------|---------------------------|---|
| 1 LOCATION OF WATER WELL: County: Shawnee | Fraction E2 ¼ SE ¼ SE ¼ NE ¼ | Section Number 28 | Township Number 12 T S | Range Number 17 <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|---|---------------------------------|----------------------|---------------------------|---|

| | |
|---|---|
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> 4933 SE Stubbs Rd Tecumseh, KS 66542-9720 | Global Positioning Systems (GPS) information ^{KGS-DRL} Latitude: 38.979616 (in decimal degrees) Longitude: -95.519801 (in decimal degrees) Elevation: 1062 ft Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: |
|---|---|

| | |
|---|---|
| 2 WATER WELL OWNER: Norma Lea Lynch RR#, St. Address, Box #: 4933 SE Stubbs Rd. City, State ZIP Code: Tecumseh, KS 66542 | <input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
|---|---|



4 DEPTH OF WELL 22 ft.

WELL'S STATIC WATER LEVEL 16 ft

WELL WAS USED AS:

| | | |
|--|---|---|
| <input checked="" 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 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 <u>Abandoned</u> |

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

5 TYPE OF BLANK CASING USED:

| | | | | |
|--------------------------------|-----------------------------------|--|--|--|
| <input type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> PVC | <input type="checkbox"/> ABS | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile | <u>Rock Lined Hand Dug</u> |

Blank casing diameter 12 in. Was casing pulled? Yes No If yes, how much 5ft rock casing^{BDA} knocked in.

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

Grout Plug Intervals: From 4.5 ft. to 5.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

| | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input 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? <u>North</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>est 60 ft</u> |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|-----------|-----------|------------------------|------|----|--------------------|
| <u>22</u> | <u>16</u> | <u>Rock & sand</u> | | | |
| <u>16</u> | <u>5</u> | <u>clay</u> | | | |
| <u>5</u> | <u>4</u> | <u>Bentonite</u> | | | |
| <u>4</u> | <u>0</u> | <u>Topsoil</u> | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/6/2023 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) 6/6/2023 under the business name of F4 Excavating, Inc by (signature) [Signature] Robin L. Edwards

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.

Gary M. Larson
 KSA82a-1212
 Revised 1/20/2015
 shawnee County Health Department