| WATER WELL PLUC | GGING RECORD | Form WWC-5P | KSA 82a-1212 | ID NO. | | |
|---|----------------|---|------------------|---|--------------|--|
| 1 LOCATION OF W | | Fraction | Section Number | 1 20 | Range Number | |
| County: Douglas SE ¼ SE ¼ SW ¼ 25 12S 19E Distance and direction from nearest town or city street address of well if located within city? | | | | | | |
| 1415 W. 6 th Lawrence, KS | | | | | | |
| 2 WATER WELL OWNER: Tom Benefiel/Unimart | | | 1 -4:43 | Global Positioning System (decimal degrees, min. of 4 digits) | | |
| RR#, St. Address, Box #: 10600 W 98th Terrace | | | Longitude: | Latitude: Longitude: | | |
| City, State, ZIP Code: Overland Park, KS, 66214 | | Datum: | Elevation. | | | |
| 3 MARK WELL'S L | OCATON | 4 DEPTH OF WELL 19.65 ft. MW5 | | | | |
| WITH AN "X" IN | SECTION | WELL NO CELETIC WATER LEVEL | | | | |
| BOX: | | WELL'S STATIC | WATER LEVEL | ft. | | |
| N | | WELL WAS USEI | O AS: | | | |
| 1 Domestic 5 Public Water Supply 9 Dewatering | | | | | | |
| 2 Irrigation 6 Oil Field Water Supply (10) M | | | | | | |
| | | 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other | | | | |
| SW SE 4 Industrial 8 Air Conditioning 12 Other | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? YesNo_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 3ft | | | | | | |
| Casing height above or below land surface in. | | | | | | |
| 6 GROUT PLUG MA | TERIAL: 1 Neat | cement 2 Cement | grout 3Bentonite | 4 Other Soil 0 | -3 ft | |
| Grout Plug Intervals: From 3 ft. to 19.65 ft., From ft. to ft., From ft. 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 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage | | | | | | |
| 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? | | | | | | |
| 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? | | | | | | |
| FROM TO | PLUGGING N | MATERIALS | FROM TO | PLUGGING M | ATERIALS | |
| 0 3 | So | | | | | |
| 3 19.65 | Bento | onite | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/5/09 and this record is true to the best of my knowledge and belief. Kansas Water | | | | | | |
| Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 10/13/09 under the | | | | | | |
| business name of Larsen and Associates, Inc. by (signature) | | | | | | |
| INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three conjes 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/waterwell. | | | | | | |