

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

<b>1 LOCATION OF WATER WELL:</b>	Fraction <b>NE ¼ NE ¼ NE ¼</b>	Section Number <b>34</b>	Township Number <b>12S</b>	Range Number <b>24E</b>																																																						
County: <b>Johnson</b>																																																										
Distance and direction from nearest town or city street address of well if located within city? <b>12075 W. 87<sup>th</sup>, Lenexa KS</b>																																																										
<b>2 WATER WELL OWNER: Workingman's Friend #532</b>		<b>Global Positioning System</b> (decimal degrees, min. of 4 digits)																																																								
RR#, St. Address, Box #: <b>1200 Bank IV Tower</b>		Latitude: <b>NA</b>																																																								
City, State, ZIP Code: <b>Topeka KS 66603</b>		Longitude: <b>NA</b>																																																								
		Elevation: <b>NA</b>																																																								
		Datum: <b>NA</b>																																																								
		Data Collection Method: <b>NA</b>																																																								
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF WELL</b> <u>14.00</u> ft. MW3R																																																								
		WELL'S STATIC WATER LEVEL <u>NA</u> ft.																																																								
		WELL WAS USED AS:																																																								
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Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u>																																																										
<b>5 TYPE OF BLANK CASING USED:</b>																																																										
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No ___ If yes, how much <u>3</u> ft																																																										
Casing height above or below land surface _____ in.																																																										
<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement 2 Cement grout <b>3</b> Bentonite <b>4</b> Other <u>Concrete: 0-0.3ft; Soil: 0.3-3ft</u>																																																										
Grout Plug Intervals: From <u>3</u> ft. to <u>14.00</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																										
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8/3/12</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> . This Water Well Record was completed on (mo/day/year) <u>8/30/12</u> under the business name of <u>Larsen and Associates, Inc.</u> by (signature) _____.																																																										
<b>INSTRUCTIONS:</b> Please fill in blanks 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 <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .																																																										