

**WATER WELL PLUGGING RECORD**

Form **WWC-5P**

KSA 82a-1212

ID NO.

MW6

<b>1 LOCATION OF WATER WELL:</b> County: Johnson	Fraction ¼ SW ¼ SE ¼ SE ¼	Section Number 12	Township Number T 12 S	Range Number 24 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

9010 Shawnee Mission Parkway, Merriam, KS 66202

**Global Positioning Systems (GPS) information:**

Latitude: NA (in decimal degrees)  
Longitude: NA (in decimal degrees)  
Elevation: NA

Horizontal Datum  WGS84,  NAD83,  NAD27

Collection Method:

**2 WATER WELL OWNER:** Sunshine Fuel, LLC  
RR#, St. Address, Box #: 2751 SW Barnes Ave.  
City, State ZIP Code: Independence, KS 67301

GPS unit (Make/model): \_\_\_\_\_  
 Digital Map/Photo,  Topographic Map  Land Survey

Est. Accuracy:  <3 m,  3-5 m,  5-15 m,  >15 m

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

**4 DEPTH OF WELL** 25 ft. **MW6**

WELL'S STATIC WATER LEVEL NA ft

WELL WAS USED AS:

<input 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 checked="" 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 _____

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

**5 TYPE OF BLANK CASING USED:**

Steel  RMP (SR)  Wrought  Fiberglass  Other (Specific below)  
 PVC  ABS  Asbestos-Cement  Concrete Tile

Blank casing diameter 2 in. Was casing pulled? Yes  No  If yes, how much 0.5'  
Casing height above or below land surface NA in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other Soil: 0-3'

Grout Plug Intervals: From 3 ft to 25 ft, From \_\_\_ ft to \_\_\_ ft, From \_\_\_ ft to \_\_\_ ft,

What is the nearest source of possible contamination:

<input 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"/> Feed yard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Soil			
3	25	Bentonite			

KDHE ID: Texaco #29-126-064; U4-046-10482

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/19/2016 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 6/1/2016 under the business name of Larsen & Associates, Inc. By (signature) [Signature]

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.