| WAT | ER WELL PLUGGING RECORD | Form WWC-5P | KSA 82a-1212 | <i>,,,,,,</i> , |
|--|--|---|------------------------------------|-------------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| county: Johnson | SE1/4 NN1/4 NE1/4 | 22 | 125 | 25 E |
| Distance and direction from nearest town or city street address of well if located within city? 7240 Belinder Avenue | | | | |
| 2 WATER WELL OWNER: USD#512 Belinder Elementery School | | | | |
| RR#, St. Address, Box #: 7240 Belinder Avenue City, State, ZIP Code: Prairie Village Kansas Application Number: | | | | |
| MARK WELL'S LOCATION WIT AN "X" IN SECTION BOX: | H 4 DEPTH OF WELL | 17 ER LEVEL 4.38 | ft. ft. | |
| | WELL WAS USED AS: | | | |
| N W X E | 1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial | 6 Oil Field Water 7 Lawn and Garden | Supply Monitorin Only 11 Injection | ng Well n Well |
| Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted | | | | |
| 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 diameterin. Was casing pulled? Yes.X No If yes, how much.AJJin. | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | |
| Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft. | | | | |
| What is the nearest source of possible contamination: | | | | |
| 1 Septic tank 2 Sewer lines 3 Watertight sewer lin 4 Lateral lines 5 Cess Pool | 6 Seepage pit 7 Pit privy nes 8 Sewage lagoon 9 Feedyard 10 Livestock pens | 11 Fuel storage PC 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel | age well | ecify below) |
| Direction from well? | E | How many feet? | 00 | |
| FROM TO | PLUGGING MATERIALS | | | |
| 0.0 1.0 To | opsoil | | | |
| 1.0 TD Be | ntonik Chips | | | |
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| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | |

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.