

**WATER WELL PLUGGING RECORD Form WWC-5P**
**KSA 82a-1212**
**ID NO.**
**MW-13**

|                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                                                                   |                           |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: Johnson                                                                                                                                                           | Fraction<br>NE ¼ NE ¼ SW ¼ NE ¼ | Section Number<br>30                                                                                                                                                                                                                                                                                              | Township Number<br>T 12 S | Range Number<br>25 <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 type="checkbox"/> 8100 Newton St<br>Overland Park, Kansas |                                 | <b>Global Positioning Systems (GPS) information:</b><br>Latitude: 38.981694 (in decimal degrees)<br>Longitude: 94.675422 (in decimal degrees)<br>Elevation: _____<br>Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27<br>Collection Method: _____ |                           |                                                                                     |

|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER:</b> CST Brands, Inc<br>RR#, St. Address, Box #: 19500 Bulverde Rd, Suite 100<br>City, State ZIP Code: San Antonio, TX 78259 | <input type="checkbox"/> GPS unit (Make/Model: _____)<br><input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                              |                                     |                                     |                                                 |                                                |                                  |                                                   |                                         |                                     |                                           |                                      |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------|------------------------------------------------|----------------------------------|---------------------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------------|--------------------------------------|
| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div> | <b>4 DEPTH OF WELL</b> 15.76 <b>ft.</b><br>WELL'S STATIC WATER LEVEL 5.23 <b>ft</b><br>WELL WAS USED AS:<br><table style="width:100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> | <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 _____ |
| <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 _____           |                                              |                                     |                                     |                                                 |                                                |                                  |                                                   |                                         |                                     |                                           |                                      |

**5 TYPE OF BLANK CASING USED:**  

|                                           |                                   |                                          |                                        |                                                      |
|-------------------------------------------|-----------------------------------|------------------------------------------|----------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> RMP (SR) | <input type="checkbox"/> Wrought         | <input type="checkbox"/> Fiberglass    | <input type="checkbox"/> Other (Specify below) _____ |
| <input checked="" type="checkbox"/> PVC   | <input type="checkbox"/> ABS      | <input type="checkbox"/> Asbestos-Cement | <input type="checkbox"/> Concrete Tile |                                                      |

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes ☐ No ☒ If yes, how much \_\_\_\_\_

Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:** ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other \_\_\_\_\_  

Grout Plug Intervals: From 0 ft. to 15.76 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"/> Feedyard       | <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    | 15.76 | Bentonite placed in wells to surface |      |    |                    |
|      |       | below well vault                     |      |    |                    |
|      |       | construction anticipated at address  |      |    |                    |
|      |       |                                      |      |    |                    |
|      |       |                                      |      |    |                    |
|      |       |                                      |      |    |                    |
|      |       |                                      |      |    |                    |
|      |       |                                      |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/12/16 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) 11/02/16 under the business name of ATC Group Services LLC by (signature) *Theresa Ferguson*

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.