

WATER WELL PLUGGING RECORD Form WWC-5P
KSA 82a-1212
ID NO.
MW-17

1 LOCATION OF WATER WELL: County: Johnson	Fraction NE ¼ NE ¼ SW ¼ NE ¼	Section Number 30	Township Number T 12 S	Range Number 25 ☒ E ☐ W
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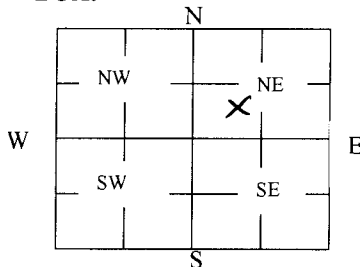
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 8100 Newton St
Overland Park, Kansas

Global Positioning Systems (GPS) information:

Latitude: 38.981686 (in decimal degrees)
Longitude: 94.675589 (in decimal degrees)
Elevation: _____
Horizontal Datum: ☐ WGS84, ☐ NAD83, ☐ NAD27
Collection Method: _____

2 WATER WELL OWNER: Texaco USA
RR#, St. Address, Box #: 8620 W. 110th St, Suite 200
City, State ZIP Code: Overland Park, KS 66201

☐ 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 17.00 ft.

WELL'S STATIC WATER LEVEL 6.92 ft

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|--|
| ☐ Domestic | ☐ Public Water Supply | ☐ Dewatering |
| ☐ Irrigation | ☐ Oil Field Water Supply | ☒ Monitoring |
| ☐ Feedlot | ☐ Domestic (Lawn & Garden) | ☐ Injection Well |
| ☐ Industrial | ☐ Air Conditioning | ☐ Other _____ |

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

5 TYPE OF BLANK CASING USED:

- ☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other (Specify below) _____
☒ PVC ☐ ABS ☐ Asbestos-Cement ☐ 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 17.0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| ☐ Septic tank | ☐ Seepage pit | ☐ Fuel storage | ☐ Other (specify below) _____ |
| ☐ Sewer lines | ☐ Pit privy | ☐ Fertilizer storage | |
| ☐ Watertight sewer lines | ☐ Sewage lagoon | ☐ Insecticide storage | |
| ☐ Lateral lines | ☐ Feedyard | ☐ Abandoned water well | Direction from well? _____ |
| ☐ Cess pool | ☐ Livestock pens | ☐ Oil well/Gas well | How many feet? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	17.0	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) *Kevin Ayusa*

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.

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Revised 1/20/2015