| WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. | | | | | | | | | |
|---|---|-----------|-----------------|---|----------------|---|----------------|----------------|--|
| 1 | County: | 04419 | S | Fraction NW/4 NIXI N | (4/4 | on Number | Township Numbe | r Range Number | |
| | Distance and | direction | from nearest to | wn or city street address o | f well if loca | ated within city | ? | | |
| | 1608 W1400 Rd Lawrence Ks | | | | | | | | |
| 2 | WATER WELL OWNER: FI LGNSAS Le me dia Lion Trust RR#, St. Address, Box #: | | | | | Global Positioning Systems (decimal degrees, min. of 4 digits Latitude: 38.151248948 Longitude: -95.1859 22893 Elevation: | | | |
| | | | | | | | | | |
| 2608 N1400Rd City, State ZIP Code: | | | | | Elevation | | | | |
| | | | | | Datum: | Datum: Data Collection Method: | | | |
| 3 | MARK WE | erce, k | CS 66 701 | 4 DEPTH OF WELL | | | | | |
| 3 | WITH AN | | | 4 DEPTH OF WELL 52 ft. 5 wo 4 WELL'S STATIC WATER LEVEL 32'4 ft WELL WAS USED AS: | | | | | |
| | BOX: | | | | | | | | |
| | V | N | | | | | | | |
| WELL WAS USED AS: | | | | | | | | | |
| | w | | | 1 Domestic | | 5 Public Water Supply 9 Dewatering | | | |
| W | | | | 2 Irrigation 3 Feedlot | | 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 10 Monitoring 11 Injection Well | | | |
| | SW SE | | | 1 Industrial | 8 Air | 8 Air Conditioning 12 Other | | | |
| | | | | Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | |
| | S | | | | | | | | |
| 5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) | | | | | | | | | |
| PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | | | | |
| Plank assing diameter //2 in Was assing pulled? Veg X No If was how much | | | | | | | | | |
| Blank casing diameter | | | | | | | | | |
| | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 9 Bentonite 4 Other | | | | | | | | | |
| | | | | | | | | | |
| | Grout Plug Intervals: Fromft. toft., Fromft., Fromft. | | | | | | | | |
| | What is the nearest source of possible contamination: | | | | | | | | |
| | 1 Septic tank 6 Seepage pit 11 Fuel Storage 16 Other (specify below) | | | | | | | | |
| | 2 Sewer lines 7 Pit privy | | | | | | | | |
| | 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? | | | | | | | | |
| | 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? | | | | | | | | |
| | FROM | ТО | PLUGG | ING MATERIALS | FROM | TO | PLUGGING M | (ATERIALS | |
| | 0 | 57 | | | 1110111 | 10 | 12000111011 | | |
| | 52 | 0 | SOIL | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was | | | | | | | | | |
| completed on (mo/day/year) and this record is true to the best of my knowledge and helief. Kansas Water | | | | | | | | | |
| Well Contractor's License No. 704. This Water Well Record was completed on (mo/day/year) 2-2007 under the business name of by (signature) business name of by (signature) | | | | | | | | | |
| | - | | _maxs | | | | , , | | |
| INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the | | | | | | | | | |

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print 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, 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 http://www.kdheks.gov/geo/waterwells.