

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

A01MW001

1 LOCATION OF WATER WELL: County: Johnson County	Fraction <u>SE 1/4 NW 1/4 NW 1/4</u>	Section Number <u>8</u>	Township Number <u>T 13 S</u>	Range Number <u>22</u> <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 ☐ Sunflower Redevelopment, LLC
 105345W, 103rd Street,
 De Soto, Kansas 66019

Global Positioning Systems (GPS) information:
 Latitude: 38.9405833 (in decimal degrees)
 Longitude: -99.0001765 (in decimal degrees)
 Elevation: _____
 Datum: ☒ WGS84, ☐ NAD83, ☐ NAD27
 Collection Method: _____
☐ GPS unit (Make/Model: _____)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☐ < 3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: US Army Corp of Engineers - KCD RR#, St. Address, Box #: 635 Federal Building City, State ZIP Code: 601 East 12th Street Kansas City, MO 64106	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="margin: auto;"> <tr> <td style="width: 20px;">NW</td> <td style="width: 20px;">NE</td> </tr> <tr> <td style="width: 20px;">SW</td> <td style="width: 20px;">SE</td> </tr> </table> W E S </div>	NW	NE	SW	SE
NW	NE				
SW	SE				

4 DEPTH OF WELL 27.4 ft.
 WELL'S STATIC WATER LEVEL 11.90 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:

<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 2 in. Was casing pulled? Yes ☐ No ☒ If yes, how much Entire well removed by excavation, approval granted by KDHE.
 Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☒ Other Entire well removed by excavation, approval granted by KDHE.
 Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ 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
0	27.4	Entire well removed by excavation, approval granted by KDHE.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/02/2022 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA. This Water Well Record was completed on (mo/day/year) 10/28/2022 under the business name of Burns & McDonnell Engineering Company, Inc by (signature) Imothy J. Stecker

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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one:

☐ White Copy☐ Blue Copy☐ Pink Copy