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

| 1 LOCATION OF WATER WELL: County: JOHNSON | Fraction: NE ¼ NE ¼ NE ¼ | Section Number: 29 | Township Number: 13 | Range Number: 24 E/W |
|---|---|---|---|---|

Distance and direction from nearest town or city street address of well if located within city?

SW OF INTERSECTION OF 127TH & BLACKBOB

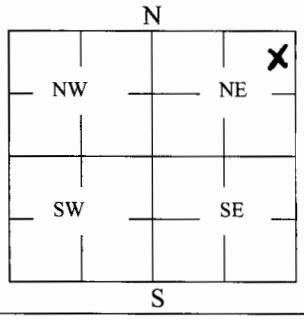
**2 WATER WELL OWNER:** ICS BLACKBOB LZ LLC

RR#, St. Address, Box #: C/O G. REID TANEY 1 WARD PKWY SUITE 305

City, State ZIP Code: K.C, MISSOURI 64112

**Global Positioning Systems** (decimal degrees, min. of 4 digits)
Latitude: 94° 45' 41.33" W
Longitude: 38° 53' 49.18" N
Elevation: 978.00
Datum:
Data Collection Method: GPS

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**




**4 DEPTH OF WELL** 26 ft.

WELL'S STATIC WATER LEVEL 11 ft

WELL WAS USED AS:

1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring 11 Injection Well 12 Other ABANDONED

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

**5 TYPE OF BLANK CASING USED:**

1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) ROCK

Blank casing diameter 60 in. Was casing pulled? Yes ____ No X If yes, how much ____

Casing height above or below land surface ____ in.

**6 GROUT PLUG MATERIAL:** (1) Neat cement 2 Cement grout 3 Bentonite (4) Other SAND

Grout Plug Intervals: From 10 ft. to 7 ft., From ____ ft. to ____ ft., From ____ to ____ ft.

What is the nearest source of possible contamination:

1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel Storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well? ____

How many feet? ____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|---|---|---|---|---|---|
| 26' | 10' | SAND | 10' | 7' | CEMENT |
| 7' | GROUND | COMPACTED CLAY | | | |
| | | | | | |
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**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/24/06 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) 11/6/06 under the business name of MID STATES EXCAVATING by (signature) Willis O. Daly

**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.