

mw-2

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. _____

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																														
	County: <u>Johnson</u>	<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>10</u>	<u>14S</u>	<u>25</u> <u>EW</u>																														
Distance and direction from nearest town or city street address of well if located within city? <u>On 159th St go East approx. 1,000 ft from 159th & Mission Rd. Overland Park, KS, well located in field on North side of Rd.</u>																																			
2	WATER WELL OWNER: <u>The Williams Companies</u> <u>one William Center</u> RR #, St. Address, Box #: _____ City, State, ZIP Code : <u>Tulsa, OK 74172</u>																																		
Board of Agriculture, Division of Water Resources Application Number: _____																																			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>22</u> ft.																															
		N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td></td><td>NE</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td>SW</td><td></td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td>X</td><td></td></tr> <tr><td></td><td></td><td>S</td><td></td></tr> </table>					NW			NE	W			E	SW			SE							X				S		WELL'S STATIC WATER LEVEL <u>Surface</u> ft.				
NW				NE																															
W				E																															
SW			SE																																
		X																																	
		S																																	
		WELL WAS USED AS:																																	
		1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply ⑩ Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other																																	
Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>																																			
5	TYPE OF BLANK CASING USED:																																		
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) ② PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																																			
Blank casing diameter <u>4</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>11</u> Casing height above or below land surface <u>2.5</u> in.																																			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other <u>Topsoil</u>																																		
Grout Plug Intervals: From <u>22</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>0</u> ft., From to ft.																																			
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 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well																																			
Direction from well? How many feet?																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>22</u></td> <td><u>2</u></td> <td><u>Bentonite chips</u></td> </tr> <tr> <td><u>2</u></td> <td><u>0</u></td> <td><u>Topsoil</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>22</u>	<u>2</u>	<u>Bentonite chips</u>	<u>2</u>	<u>0</u>	<u>Topsoil</u>																					
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1/11/08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>710</u> This Water Well Record was completed on (mo/day/year) <u>2/7/08</u> under the business name of <u>Below Ground Surface, Inc.</u> by (signature) <u>[Signature]</u>																																		

INSTRUCTIONS: Use typewriter or ball point 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.