

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

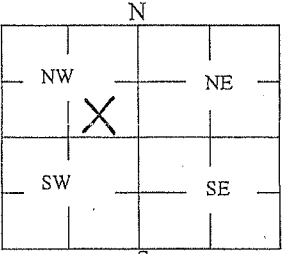
ID NO.

1 LOCATION OF WATER WELL: County: <u>Lyon</u>	Fraction <u>1/4</u> <u>1/4 SE</u> <u>1/4 NW</u> <u>1/4</u>	Section Number <u>SE-28-15-12</u>	Township Number T <u>S</u>	Range Number <u>DR</u> <u>E</u> <u>W</u>
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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 ☐

2 WATER WELL OWNER: Dale Coulter
RR#, St. Address, Box #: 7036 SW 33rd
City, State ZIP Code: Topeka, KS 66614

Global Positioning Systems (GPS) information:
Latitude: _____ (in decimal degrees)
Longitude: _____ (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

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>15</u> ft. WELL'S STATIC WATER LEVEL <u>12</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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5 TYPE OF BLANK CASING USED:
☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☒ Other (Specify below) Rock
☐ 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 _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:
☐ Septic tank ☐ Seepage pit ☐ Fuel Storage ☒ Other (specify below) None
☐ 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
Bottom	5 1/2 ft	Rock			
5 1/2 ft	5 ft	Bentonite			
5 ft	top	Dirt			

RECEIVED

MAY 24 2011

BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 04/04/11 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) 4/03/11 under the business name of Reed Ranch & Cattle LLC by (signature) Dale R. Coulter

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