380 46 , 5,225 "N 950 22' 9,164 "W

SB-**ZO**

Form WWC-5P WATER WELL PLUGGING RECORD KSA 82a-1212 ID NO. LOCATION OF WATER WELL: Township Number Section Number Range Number Fraction T /S S County: Douglas SW4SF 4SW4SW 4 18 DE 🗆 W Global Positioning Systems (GPS) information: Latitude: 38,768//8/ (in d Street/Rural Address of Well Location; if unknown, distance & (in decimal degrees) direction from nearest town or intersection: If at owner's address, Longitude: -95, 369/956 (in decimal degrees) check here Elevation: Kansas 5 V N 200 Rd. Horizontal Datum: WGS84, ☐ NAD83, ☐ NAD27 Collection Method: 1700' West-WATER WELL OWNER: Les acc & Lans as City Dept GPS unit (Make/Model:

Don Co. Address Roy #: 621 5 12 55 55

Digital Map/Photo,
Topographic Map. 12 1 and Survey RR#, St. Address, Box #: 601 5. 12 ロ St City State ZIP Code: Kain Sees Cody 110. 64104 4 DEPTH OF Science 18' ft. MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ft WELL WAS USED AS: Domestic **Public Water Supply** Dewatering Oil Field Water Supply Irrigation Monitoring W Feedlot Domestic (Lawn & Garden) Injection Well Industrial Air Conditioning Other Sal SW SE Was a chemical/bacteriological sample submitted to Department? Yes No TYPE OF BLANK CASING USED: RMP (SR) Wrought Other (Specify below) Steel Fiberglass 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. Neat cement Cement grout Bentonite Other 3/8 Holestucy GROUT PLUG MATERIAL: From **6** ft. to **18** ft., From _____ft. to ____ft., From ____ft. to ____ft. Grout Plug Intervals: What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Other (specify below) 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** PLUGGING MATERIALS FROM TO PLUGGING MATERIALS Ø Selt-day-Same Corners 5 LO 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/08/2016 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) 11/08/2016 under the business name of Cascade Dr. 1/149 by (signature) Cascade Cascade Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Sec. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015