WATER WELL PLUGGING RECORD   Form WWC-5P   KSA 82a-1212   ID NO.
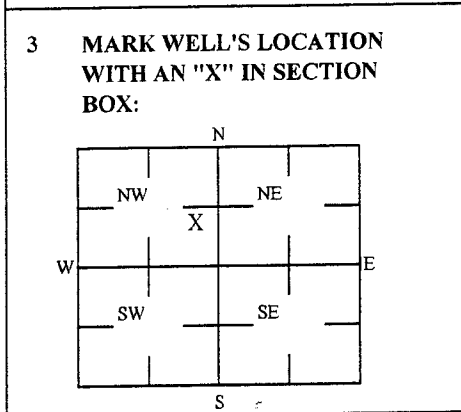
	MW12

1 LOCATION OF WATER WELL:

County: Johnson

Fraction	Section Number	Township Number	Range Number
SE¼ NE¼ SE¼ NW¼	14	T 15 S	23 [X] E [ ] W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [ ]

501 N Webster Street, Spring Hill, KS 66083

Global Positioning Systems (GPS) information:

Latitude: NA _____ (in decimal degrees)

Longitude: NA _____ (in decimal degrees)

Elevation: NA _____

Horizontal 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: KDHE (John's Serivce)

RR#, St. Address, Box #: 1000 SW Jackson

City, State ZIP Code: Topeka, KS 66612

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

```
          N
   NW    |    NE
      | X |
 W ----+----+---- E
   SW    |    SE
          S
```

4 DEPTH OF WELL _____ 10.56 _____ ft. MW12

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

[ ] Domestic   [ ] Public Water Supply   [ ] Dewatering
[ ] Irrigation   [ ] Oil Field Water Supply   [X] Monitoring
[ ] Feedlot   [ ] Domestic (Lawn & Garden) [ ] Injetion Well
[ ] Industrial   [ ] Air Conditioning   [ ] Other _____

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

5 TYPE OF BLANK CASING USED:

[ ] Steel   [ ] RMP (SR)   [ ] Wrought   [ ] Fiberglass   [ ] Other (Specific below)
[X] PVC   [ ] ABS   [ ] Asbestos-Cement   [ ] Concrete Tile   _____

Blank casing diameter _____ 2 _____ in.   Was casing pulled? Yes [X] No [ ]   If yes, how much 3' _____

Casing heigh above or below land surface _____ NA _____ in.

6 GROUT PLUG MATERIAL: [ ] Neat cement   [ ] Cement grout   [X] Bentonite   [X] Other   Soil: 0-3' _____

Grout Plug Intervals: From __3__ ft to __10.56__ ft,   From _____ ft to _____ ft,   From _____ ft to _____ ft,

What is the nearest source of possible contamination:

[ ] Septic tank   [ ] Seepage pit   [X] Fuel storage   [ ] Other (specify below)
[ ] Sewer lines   [ ] Pit privy   [ ] Fertilizer storage
[ ] Watertight sewer lines [ ] Sewage lagoon   [ ] Insecticide storage   _____
[ ] Lateral lines   [ ] Feed yard   [ ] 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
0	3	Soil			
3	10.56	Bentonite			
			KDHE ID: John's Service: U4-046-10226		

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ 1/13/2016 _____ and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) _____ 1/18/2016 _____ under the business name of _____ Larsen & Associates. Inc. _____ By (signature) _____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 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