

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

MW-03S

1 LOCATION OF WATER WELL: County: Lyon	Fraction SW ¼ NE ¼ SE ¼ ¼	Section Number 4	Township Number T 16 S	Range Number 10 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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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 1/2 Mi NW of RD 360 & RD D

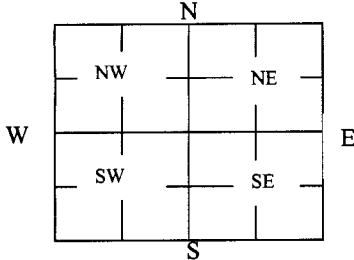
Global Positioning Systems (GPS) information:

Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER: Corps of Engineers
 RR#, St. Address, Box #: 601 E 12th Street
 City, State ZIP Code: Kansas City, MO 64106

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 30 ft.

WELL'S STATIC WATER LEVEL na ft

WELL WAS USED AS:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Other <u>boring</u> |

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

5 TYPE OF BLANK CASING USED:

- Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile boring

Blank casing diameter na 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 0 ft. to 30 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | <u>concrete bunker</u> |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? <u>south</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>30</u> |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	30	high solids bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 06/09/15 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) 06/29/15 under the business name of Traut Wells by (signature) [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.