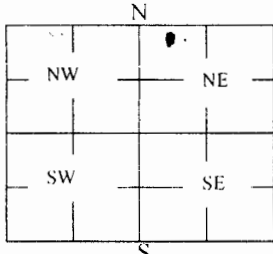


WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

1 LOCATION OF WATER WELL: County: <u>Lyon</u> Fraction <u>NE</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number <u>35</u> Township Number <u>T16</u> Range Number <u>17</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/> <u>1759 Road 320 Admire Kansas</u> <u>DBA</u>	Global Positioning Systems (GPS) information: Latitude: <u>38.621691</u> (in decimal degrees) Longitude: <u>-96.049799</u> (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input checked="" type="checkbox"/> > 15 m																																																
2 WATER WELL OWNER: RR#, St. Address, Box #: <u>1110 Schenk St</u> City, State ZIP Code: <u>Osage City KS 66523</u>	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF WELL <u>Approx 32</u> ft. WELL'S STATIC WATER LEVEL <u>2.5</u> ft <u>29.5 to 32 ft</u> WELL WAS USED AS: <input checked="" 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 type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																															
5 TYPE OF BLANK CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile <u>Hand dug Line stone walls.</u> Blank casing diameter <u>52</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much <u>pulled in to the well</u> Casing height above or below land surface <u>(-)48</u> in.																																																	
6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>4</u> ft. to <u>5</u> 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 checked="" type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage <input checked="" type="checkbox"/> Watertight sewer lines <input checked="" 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>North of East</u> <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well How many feet? <u>100-150 ft</u>																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>4</u></td> <td><u>Dirt</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>4</u></td> <td><u>5</u></td> <td><u>Bentonite</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>5</u></td> <td><u>25</u></td> <td><u>Dirt</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>25</u></td> <td><u>32</u></td> <td><u>Wash Gravel</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>4</u>	<u>Dirt</u>				<u>4</u>	<u>5</u>	<u>Bentonite</u>				<u>5</u>	<u>25</u>	<u>Dirt</u>				<u>25</u>	<u>32</u>	<u>Wash Gravel</u>																					
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5-10-14</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>none</u> This Water Well Record was completed on (mo/day/year) <u>6-5-2014</u> under the business name of <u>Bill Wiley</u> by (signature) <u>Bill Wiley</u>																																																	
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 .																																																	