

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

MW-4

1 LOCATION OF WATER WELL: Morris County	Fraction NE ¼ SW ¼ NW ¼	Section Number 13	Township Number 16 S	Range Number R 8 E
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Distance and direction from nearest town or city street address of well if located within city?

Well was located at 611 E. Main, Council Grove, Kansas

2 WATER WELL OWNER: Williams Fertilizer RR#, St. Address, Box #: 611 E. Main City, State ZIP Code: Council Grove, KS 66846	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: auto;"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>X</td> <td></td> <td>NE</td> </tr> <tr> <td>W</td> <td></td> <td></td> <td>E</td> </tr> <tr> <td></td> <td>SW</td> <td></td> <td>SE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> S						X		NE	W			E		SW		SE					4 DEPTH OF WELL <u>17.95</u> ft. WELL'S STATIC WATER LEVEL <u>12.56</u> ft. WELL WAS USED AS: X 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> _____
	X		NE																		
W			E																		
	SW		SE																		

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) _____ 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile _____ Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>x</u> No _____ If yes, how much <u>3'</u> Casing height above or below land surface _____ in.
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6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other <u>Soil</u>
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Grout Plug Intervals: From 2 0 ft. to 0.5 ft., From 4 0.5 ft. to 3.5 ft., From 3 3.5 to 17.95 ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|----------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel Storage | 16 Other (specify below) |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | <u>Contaminated Site</u> |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | Direction from well? _____ |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? _____ |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0'	0.5'	Gravel			
0.5'	3.5'	Soil			
3.5'	17.95'	Bentonite Chips			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/24/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585. This Water Well Record was completed on (mo/day/year) 10/27/11 under the business name of Associated Environmental, Inc. by (signature) [Signature]

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: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.