WATER WELL PLUGGING RECORD Form WV	VC-5P KSA 82a-1212 ID NO.
1 LOCATION OF WATER WELL: Fraction	Section Number Township Number Range Number
County: Franklin 1/4 1/4 1/4	Global Positioning Systems (GPS) information:
Street/Rural Address of Well Location; if unknown, distance & direction from gearest town or intersection: If at owner's address,	Latitude: 38.608341 (in decimal degrees)
check here	Latitude: 38.608341 (in decimal degrees) Longitude: 75.453681 (in decimal degrees)
ب	Elevation: WGS84, NAD83, NAD27
234 MADISON POMONA KS 66076	Datum: WGS84, NAD83, MAD27 Collection Method:
MATTER WELL OWNER, KIMERLY SLANKARD	GPS unit (Make/Model:
DD# St Address Boy #: P.O. BOX 178	Digital Map/Photo, Topographic Map, Land Survey
City, State ZIP Code: POMONA, KS 66076	Est. Accuracy:
3 MARK WELL'S LOCATION 4 DEPTH OF WELL 38 ft.	
WITH AN "X" IN SECTION BOX: WELL'S STATIC W	ATER LEVEL <u>18</u> ft
N WELL WAS USED A	
NW NE Domestic Irrigation	Public Water Supply Oil Field Water Supply Monitoring
W E Feedlot	Domestic (Lawn & Garden) Injection Well
SW SE Industrial	Air Conditioning Uther
Was a chemical/bacteriological sample submitted to Department? Yes No X	
was a chemical/bacter	lological sample submitted to Department: Tes
5 TYPE OF BLANK CASING USED:	
Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Concrete Tile RMESTONE	
Blank casing diameter 36 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: Fromft. toft., Fromft. toft., Fromtoft.	
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 Pecchant	
Cess pool Livestock pens Oil well/Gas well How many feet? 179	
FROM TO PLUGGING MATERIALS	FROM TO PLUGGING MATERIALS
38' 28' SAND	
28' 5'6" COMACTED CLAY	
5'6" 5' CEMENT PLUG	
SI SURFACE TOP SOIL	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was	
completed on (mo/day/year) 3-10-15 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 (ma/day/year) 4-1-15 under the	
Well Contractor's License No This Water Well Record was completed on (moday/year) 4-1-15 under the business name of C1TY OF POMONA by (signature)	
Business manue of CV	
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the	
correct answers. Send one copy 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.	
records. Visit us at http://www.kuneks.gov/waterwen/index.htm.	