

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

MW6

1 LOCATION OF WATER WELL: County: HARVEY	Fraction NW ¼ NW¼ NW ¼ ¼	Section Number 21	Township Number T 23 S	Range Number 1 <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 ☒

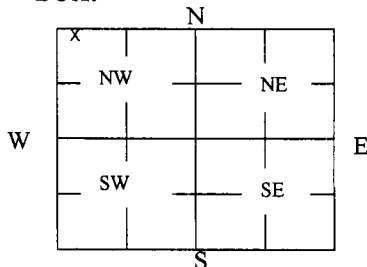
Global Positioning Systems (GPS) information:

Latitude: 38.041816 (in decimal degrees)
Longitude: -97.335077 (in decimal degrees)
Elevation: 1444.46
Horizontal Datum: ☐ WGS84, ☒ NAD83, ☐ NAD27
Collection Method:

2 WATER WELL OWNER: NEWTON CYCLE AND LEAT
RR#, St. Address, Box #: 110 S. KANSAS AVE
City, State ZIP Code: NEWTON, KS

☐ 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 17.00 ft.

WELL'S STATIC WATER LEVEL 6.77 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 checked="" 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 ☐ No ☐

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 2 in. Was casing pulled? Yes ☒ No ☐ If yes, how much 3'
Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____

Grout Plug Intervals: From 3 ft. to 17.00 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 checked="" 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	
<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? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? 150

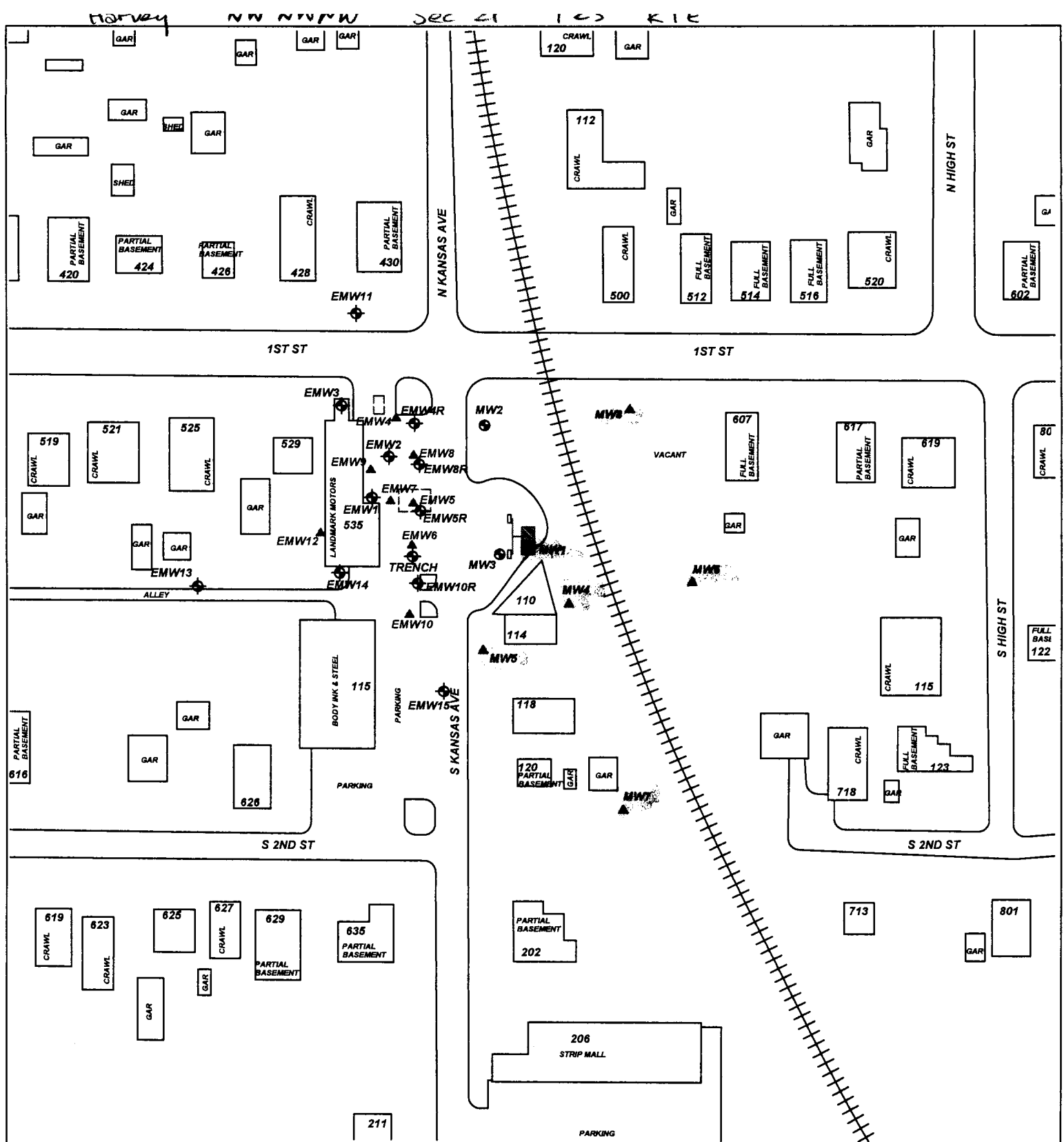
FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	SOIL			
3	17.00	BENTONITE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/5/19 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) 11/11/19 under the business name of Associated Environmental, 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



PROJECT: **KEMP, LOWELL**

ADDRESS: **110 S. KANSAS AVE.**

LOCATION: **NEWTON, KS**

DRAWN BY: **B. STALNAKER** DATE: **1/9/18**

REVISED BY: **B. STALNAKER** DATE: **5/10/19**

AEI JOB #: **TF117** KDHE JOB #: **U2-040-01077**

TITLE:

ASSOCIATED ENVIRONMENTAL INC.

LEGEND:

- FORMER 2000 GALLON UST AND ISLANDS
- FORMER FINA SITE UST BASIN
- MONITOR WELL
- FINA SITE MONITOR WELLS
- PLUGGED/DESTROYED WELL
- SUBJECT PROPERTY

SCALE: 1" = 100'

0 50 100

NOTES: