| WATER WELL PLUGGING RECOR | D Form WWC-5P | | ID NO. | | |
|--|--------------------------------|----------------------------------|----------------------------|---------------------|--|
| 1 LOCATION OF WATER WELL: County: Greenwood | NE ¼ NW ¼ N | W 1/4 8 | Township Number 24S | Range Number 13E | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | |
| Cherokee & Lincoln St., Virgil KS 66870 | | | | | |
| 2 WATER WELL OWNER: KDHE | | | | | |
| RR#, St. Address, Box #: 1000 SW Jackson | | Latitude: NA Longitude: NA | Latitude: NA Longitude: NA | | |
| | | Elevation: NA | | | |
| City, State, ZIP Code: Topeka KS 66612 | | Datum: NA Data Collection M | Data Collection Method: | | |
| 3 MARK WELL'S LOCATON | 4 DEPTH OF WELL 23.20 ft. MW11 | | | | |
| WITH AN "X" IN SECTION BOX: | WELL'S STATIC | WELL'S STATIC WATER LEVEL NA ft. | | | |
| | | | | | |
| L X · N | WELL WAS USED AS: | | | | |
| NW NE | | | | | |
| 2 Irrigation 6 Oil Field Water Supply 10 Monitoring 7 Domestic (Lawn & Garden) 11 Injection Well | | | | | |
| SW—SE— 4 Industrial 8 Air Conditioning 12 Other 12 Other | | | | | |
| W and a wind location in a complete when it and to Demontrace to No. No. V | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No X | | | | | |
| 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 2 in. Was casing pulled? Yes X No If yes, how much 3 ft Casing height above or below land surface NA in. | | | | | |
| Casing height above or below land surface NA in. 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-2 ft; Soil: 2-3 ft | | | | | |
| Grout Plug Intervals: From 3 ft. to 23.20 ft., From ft. to ft., From ft. to 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 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 M. | ATERIALS | |
| The state of the s | Concrete Soil | | | | |
| | Bentonite | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/21/12 and this record is true to the best of my knowledge and belief. Kansas Water | | | | | |
| completed on (mo/day/year) 2/21/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 3/30/12 under the | | | | | |
| business name of Larsen and Associates, Inc by (signature) | | | | | |
| INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three courts to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topekan, Spass 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. | | | | | |