

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. 00316163

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number															
County: <b>Allen</b>		<b>NE 1/4 NE 1/4 NE 1/4</b>	<b>35</b>	<b>24</b>	<b>18 E</b>															
Distance and direction from nearest town or city street address of well if located within city? <b>1107 East Street, Iola, KS</b>																				
2 WATER WELL OWNER:		<b>Jack Klotz</b>																		
RR#, St. Address, Box #		<b>9 S Holiday Lane</b>																		
City, State, ZIP Code :		<b>Iola, KS 66749</b>																		
		Board of Agriculture, Division of Water Resources Application Number:																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <b>16.66</b> ft.																		
<div style="text-align: center;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td></td><td>NE</td></tr><tr><td></td><td></td><td></td></tr><tr><td>SW</td><td></td><td>SE</td></tr><tr><td></td><td></td><td></td></tr></table> S</div>					NW		NE				SW		SE				WELL'S STATIC WATER LEVEL <b>5.56</b> ft.			
		NW		NE																
SW		SE																		
WELL WAS USED AS:																				
<div style="display: flex; justify-content: space-between;"><div>1 Domestic 2 Irrigation 3 Feedlot 4 Industrial</div><div>5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning</div><div>9 Dewatering <b>10 Monitoring Well</b> 11 Injection Well 12 Other</div></div>																				
Was a chemical/bacteriological sample submitted to Department? Yes No <b>X</b>																				
If yes, mo/day/yr sample was submitted																				
Water Well Disinfected: Yes No <b>X</b>																				
5 TYPE OF BLANK CASING USED:																				
<div style="display: flex; justify-content: space-between;"><div>1 Steel <b>2 PVC</b></div><div>3 RMP (SR) 4 ABC</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (specify below)</div></div>																				
Blank casing diameter <b>2</b> in. Was casing pulled? Yes No <b>X</b> If yes, how much																				
Casing height above or <b>below land</b> surface <b>36</b> in.																				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other																				
Grout Plug Intervals From <b>1</b> ft. to <b>16.66</b> ft. From ft. to ft. From ft. to ft.																				
What is the nearest source of possible contamination:																				
<div style="display: flex; justify-content: space-between;"><div>1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool</div><div>6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens</div><div>11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well</div><div>16 Other (specify below)</div></div>																				
Direction from well? How many feet?																				
FROM	TO	CODE	PLUGGING MATERIALS																	
0	1		Gravel																	
1	16.66		Bentonite																	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>1-19-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>12-16-04</b> under the business name of <b>Geotechnical Service, Inc.</b> by (signature) <i>[Signature]</i>																				
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																				