

WATER WELL PLUGGING RECORD Form WWC-5P

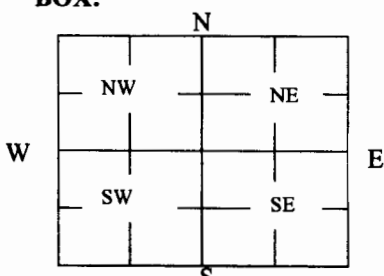
KSA 82a-1212 ID NO.

ASW-6

| | | | | |
|---|---|-----------------------------|----------------------------------|---|
| 1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> | Fraction <u>1/4 NW 1/4 NW 1/4 SW 1/4</u> | Section Number <u>31</u> | Township Number <u>T 25 S</u> | Range Number <u>1</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|---|---|-----------------------------|----------------------------------|---|

| | |
|---|---|
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> <u>100 S. Meridian, Valley Center, KS</u> | Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____ |
|---|---|

| | |
|---|--|
| 2 WATER WELL OWNER: KDHE RR#, St. Address, Box #: <u>1000 SW Jackson, Suite 410</u> City, State ZIP Code: <u>Topeka, KS 66612-1367</u> | <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
|---|--|

| | |
|---|--|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  | 4 DEPTH OF WELL <u>20.25</u> ft. WELL'S STATIC WATER LEVEL _____ 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 type="checkbox"/> Monitoring <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Injection Well <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Air Conditioning <input checked="" type="checkbox"/> Other <u>Air Sparge</u> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

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 ~3ft. below ground surface
 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 20.25 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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 Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-------|--------------------|------|----|--------------------|
| 3 | 20.25 | Bentonite | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/10/2019 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 (mo/day/year) 9/16/2019 under the business name of GreenField Contractors, Inc. by (signature) Melina J. McElhiney