

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No. 00350712

1 LOCATION OF WATER WELL:		Fraction County: Butler NW 1/4 SW 1/4 NE 1/4	Section Number 35	Township Number 25	Range Number 05E																																																
Distance and direction from nearest town or city street address of well if located within city? <b>1400 N Main Street</b>																																																					
2 WATER WELL OWNER:		<b>Mark McCabe 2849 West 4<sup>th</sup> St. El Dorado, KS 67042</b>		Board of Agriculture, Division of Water Resources Application Number:																																																	
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td colspan="2" style="text-align: center;">N</td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;">X</td></tr> <tr><td colspan="2" style="text-align: center;">E</td></tr> <tr><td colspan="2" style="text-align: center;">S</td></tr> </table>		N		W	X	E		S		4 DEPTH OF WELL <b>16.98</b> ft. Originally drilled to 18 feet bgs WELL'S STATIC WATER LEVEL <b>9.57</b> ft. WELL WAS USED AS: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">1 Domestic</td><td style="width: 33%;">5 Public Water Supply</td><td style="width: 33%;">9 Dewatering</td></tr> <tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr> <tr><td>3 Feedlot</td><td>7 Lawn and Garden (domestic)</td><td>11 Injection Well</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <b>X</b> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes <input type="checkbox"/> No <b>X</b>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other																												
N																																																					
W	X																																																				
E																																																					
S																																																					
1 Domestic	5 Public Water Supply	9 Dewatering																																																			
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well																																																			
3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well																																																			
4 Industrial	8 Air Conditioning	12 Other																																																			
5 TYPE OF BLANK CASING USED: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%;">1 Steel</td><td style="width: 33%;">3 RMP (SR)</td><td style="width: 33%;">5 Wrought</td></tr> <tr><td>2 PVC</td><td>4 ABC</td><td>6 Asbestos-Cement</td></tr> <tr><td>7 Fiberglass</td><td>8 Concrete Tile</td><td>9 Other (specify below)</td></tr> </table> Blank casing diameter <b>2</b> in. Was casing pulled? Yes <b>X</b> No <input type="checkbox"/> If yes, how much <b>18 feet</b>						1 Steel	3 RMP (SR)	5 Wrought	2 PVC	4 ABC	6 Asbestos-Cement	7 Fiberglass	8 Concrete Tile	9 Other (specify below)																																							
1 Steel	3 RMP (SR)	5 Wrought																																																			
2 PVC	4 ABC	6 Asbestos-Cement																																																			
7 Fiberglass	8 Concrete Tile	9 Other (specify below)																																																			
Casing height above or below land surface <b>Overdrilled to 17 feet below ground surface</b>																																																					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																																					
Grout Plug Intervals From <b>2</b> ft. to <b>18</b> 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																																																	
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																																																	
5 Cess Pool		10 Livestock pens		15 Oil well/ Gas well																																																	
Direction from well? _____ How many feet? _____																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th colspan="3">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr><td>0</td><td>2</td><td></td><td colspan="3"><b>Soil</b></td></tr> <tr><td>2</td><td>18</td><td></td><td colspan="3"><b>Bentonite</b></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>						FROM	TO	CODE	PLUGGING MATERIALS			0	2		<b>Soil</b>			2	18		<b>Bentonite</b>																																
FROM	TO	CODE	PLUGGING MATERIALS																																																		
0	2		<b>Soil</b>																																																		
2	18		<b>Bentonite</b>																																																		

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>9-9-05</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>9-19-05</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <i>Alison M. St. John</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.					