

N4-3

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO. 

1 LOCATION OF WATER WELL:		Fraction County: Butler <i>1/4 SW 1/4 NE 1/4 NE 1/4</i>	Section Number 34	Township Number T 25 S	Range Number 5 <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  *Former El Paso Refinery*

*U. Topeka St. & W. Refinery Rd. El Dorado, KS*

## Global Positioning Systems (GPS) information:

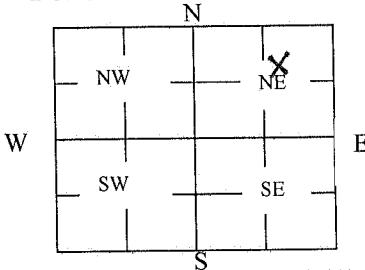
Latitude: *37.83729* (in decimal degrees)Longitude: *96.86150* (in decimal degrees)Elevation: *1360*Datum:  WGS84,  NAD83,  NAD27

## Collection Method:

 GPS unit (Make/Model): *Garmin 60* Digital Map/Photo,  Topographic Map,  Land SurveyEst. Accuracy:  < 3 m,  3-5 m,  5-15 m,  > 15 m

2 WATER WELL OWNER:		El Paso Corporation RR#, St. Address, Box #: 2 North Nevada City, State ZIP Code: Colorado Springs, CO 80903
---------------------	--	--

## 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL *20* ft.WELL'S STATIC WATER LEVEL *16.80* ft

## WELL WAS USED AS:

Domestic  
 Irrigation  
 Feedlot  
 Industrial

Public Water Supply  
 Oil Field Water Supply  
 Domestic (Lawn & Garden)  
 Air Conditioning

Dewatering  
 Monitoring  
 Injection Well  
 Other \_\_\_\_\_

Was a chemical/bacteriological sample submitted to Department? Yes  No 

## 5 TYPE OF BLANK CASING USED:

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

Blank casing diameter *2* in. Was casing pulled? Yes  No  If yes, how much *5 ft.*Casing height above or below land surface *30* in.6 GROUT PLUG MATERIAL:  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_Grout Plug Intervals: From *20* ft. to *2* ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ 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? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<i>20</i>	<i>2</i>	<i>Bentonite Grout</i>			
<i>2</i>	<i>0</i>	<i>Top Soil</i>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) *6-15-11* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *710*. This Water Well Record was completed on (mo/day/year) *7-18-11* under the business name of *Below Ground Surface, Inc.* by (signature) *whitney*

**INSTRUCTIONS:** Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

Check one:  White Copy  Blue Copy  Pink Copy