

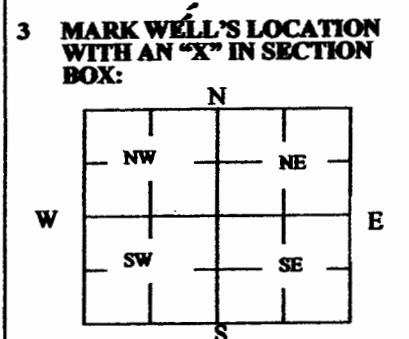
**WATER WELL PLUGGING RECORD Form WWC-5P**

KSA 82a-1212 ID NO.  

<b>1 LOCATION OF WATER WELL:</b> County: <u>Greenwood</u>	Fraction <u>1/4 NW 1/4 SE 1/4 NE 1/4</u>	Section Number <u>3</u>	Township Number <u>T 26 S</u>	Range Number <u>10 E</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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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>300 N. Main, Eureka, KS 67045</u>	<b>Global Positioning Systems (GPS) information:</b> Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <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
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<b>2 WATER WELL OWNER:</b> <u>GWPS</u> RR#, St. Address, Box #: <u>Box 301</u> City, State ZIP Code: <u>Eureka, KS 67045</u>	
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**4 DEPTH OF WELL** 12 ft.  
**WELL'S STATIC WATER LEVEL** 2 to 3 ft  
**WELL WAS USED AS:**

<input checked="" 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 type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

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

**5 TYPE OF BLANK CASING USED:**

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/> Other (Specify below)
<input type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	<u>native stone casing</u>

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes  No  If yes, how much stone was removed 3 to 4 ft  
 Casing height above or below land surface \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_

Grout Plug Intervals: From 12 ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

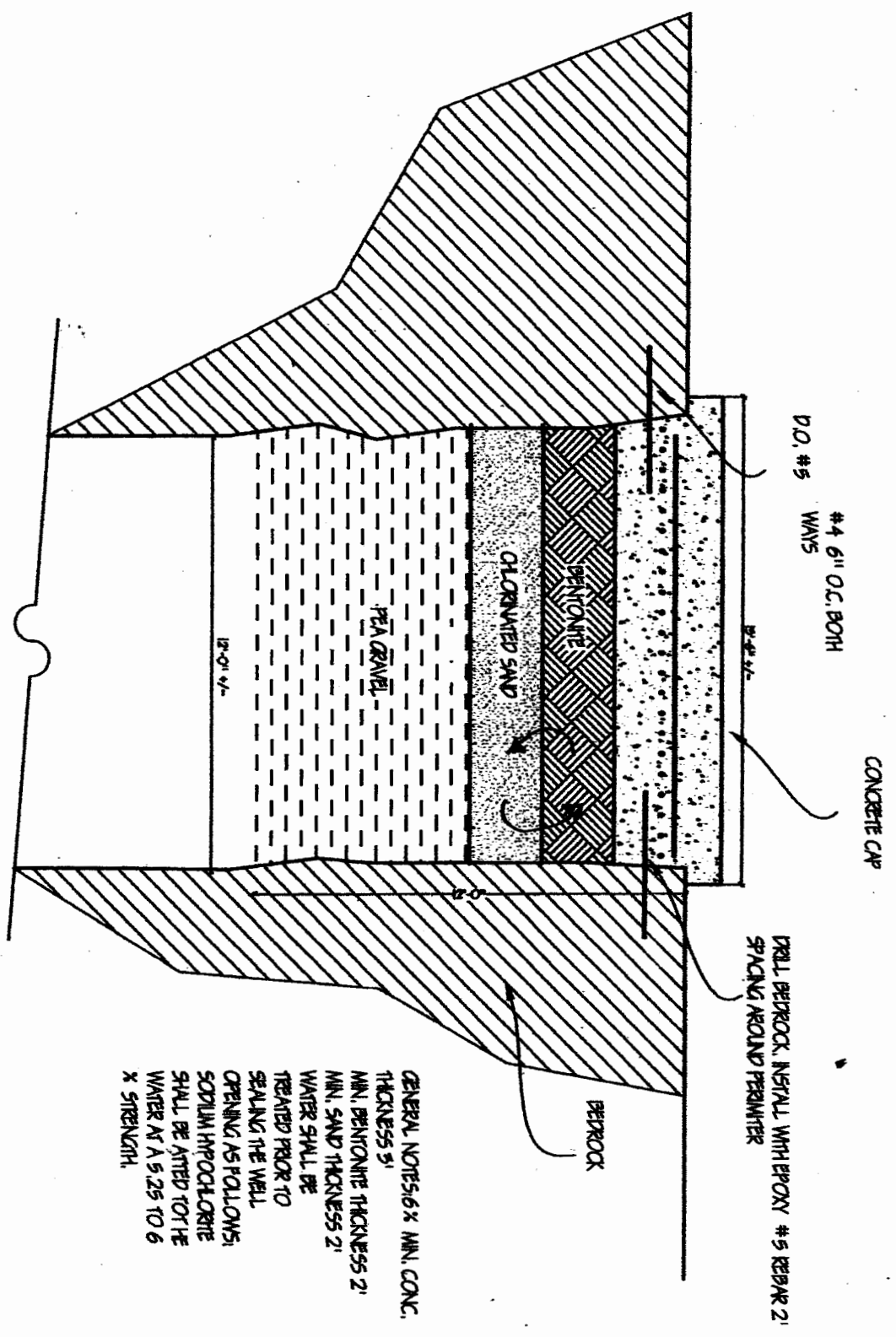
<input type="checkbox"/> Septic tank	<input type="checkbox"/> Sepage pit	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	_____
<input type="checkbox"/> 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
	12 ft	Pea gravel			
	2 ft	Chlorinated sand			
	2 ft	Bentonite			
	3ft	Cement			
Returned 3/5/11 <b>Original Returned to Sender</b> <b>for Correction Date: 3/2/11</b>					

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) Jan. 17, 2011 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 6464. This Water Well Record was completed on (mo/day/year) Feb. 25 2011 under the business name of ACCEL by (signature) [Signature]

**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



METHOD OF SEALING WELL AT GREENWOOD HOTEL

SCALE: 1/4" = 1'0"

GENERAL NOTES: 6 X MIN. CONC. THICKNESS 9'  
 MIN. BENTONITE THICKNESS 2'  
 MIN. SAND THICKNESS 2'  
 WATER SHALL BE TREATED PRIOR TO SEALING THE WELL.  
 OPENING AS FOLLOWS:  
 SODIUM HYPOCHLORITE SHALL BE ADDED TO THE WATER AT A 5.25 TO 6 X STRENGTH.