

## WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Sedgwick</b>	<b>NE ¼ NE ¼ SW ¼</b>	<b>03</b>	<b>27S</b>	<b>1E</b>

Distance and direction from nearest town or city street address of well if located within city?

**North side of 24<sup>th</sup> street; ~295 ft. west of Jardine**

2 WATER WELL OWNER: <b>Union Pacific Railroad</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>1416 Dodge Street, Room 930</b>	Application Number:
City, State, ZIP Code: <b>Omaha NE 68179</b>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>51.82</b> ft.																		
<div style="text-align: center;">N</div> <table border="1" style="margin: auto;"> <tr> <td></td> <td></td> </tr> <tr> <td>NW</td> <td>NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> <div style="text-align: center;">S</div> <div style="position: relative; width: 100px; height: 100px; margin: 10px auto;"> <div style="position: absolute; left: 0; top: 50%; transform: translateY(-50%);">W</div> <div style="position: absolute; right: 0; top: 50%; transform: translateY(-50%);">E</div> <div style="position: absolute; left: 40%; top: 40%;">X</div> </div>			NW	NE	SW	SE	WELL'S STATIC WATER LEVEL <b>21.32</b> ft.  WELL WAS USED AS: <table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><b>10 Monitoring Well</b></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>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<b>10 Monitoring Well</b>	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																			

5 TYPE OF BLANK CASING USED:
1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (specify below) _____ 2 <b>PVC</b> <input checked="" type="checkbox"/> 4 ABC <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile <input type="checkbox"/>
Blank casing diameter <b>2</b> in. Was casing pulled? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <b>51.82</b>
Casing height above or below land surface <b>0</b> in.

6 GROUT PLUG MATERIAL:
1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> <b>3 Bentonite</b> <input checked="" type="checkbox"/> 4 Other _____ Grout Plug Intervals From <b>3</b> ft. to <b>51.82</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         | 16 Other (specify below) _____ |
| 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? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
0	3		<b>Native Backfill</b>
3	51.82		<b>Bentonite Chips</b>
			<b>Overdrilled to 20 feet</b>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>7/21/06</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>8/23/06</b> under the business name of <b>Geotechnical Services Inc.</b> by (signature) <i>Alison [Signature]</i>
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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.