WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.							
1	LOCATION OF WATER WELL:	Fraction 1/4	V ₄ V ₄	Section 1/4	Number	Township Number T 27 S	Range Number
	Street/Rural Address of Well Location; if unknown, distance & Global Positioning Systems (GPS) information:						
	direction from nearest town or intersection: If at owner's address, check here Longitude:						
	Elevation:						
	Datum: WGS84, NAD83, NAD27 Collection Method:						
2	WATER WELL OWNER: Russell Scoufe GPS unit (Make/Model:						
-	RR#, St. Address, Box #: 1337 Arccu becol Digital Map/Photo, Topographic Map, Land Survey						
	RR#, St. Address, Box #: 1337 Arrow head City, State ZIP Code: Wichita 45 67203 Est. Accuracy: 3 m, 3-5 m, 5-15 m, > 15 m						
3	7 3						
BOX: WELL'S STATIC WATER LEVEL 12						<u></u> n	
	N WELL WAS USED AS:						
	NW NE	Dom	nestic [Public	Water Suppl	ly 🗌 Dewat	erino
		–	ation	Oil Fiel	d Water Su	oply Monite	•
N		Feed	3	1	ic (Lawn &	/ I I /	ion Well
	SW SE Industrial Air Conditioning Other						
		Was a cl	nemical/bacter	iological sar	nple submit	ted to Department? Y	es 🔲 No 🗌
5 TYPE OF BLANK CASING USED:							
	March Ontroop Own Con Control						
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC Asbestos-Cement Concrete Tile						
	Blank casing diameter 5 in. Was casing pulled? Yes No X If yes, how much						
	Casing height above or below land surface 12 in.						
6	GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other						
	Grout Plug Intervals: From ft. to 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?						
		GING MAŢĒ	RIALS	FROM	TO	PLUGGING	MATERIALS
		gravel					
	16 1' Bento	wite ho	leply.				
	1 0 ceme	nt ge	199e floor				
		***				***************************************	
	· ·						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was							
completed on (mo/day/year) 6-20-17 and this record is true to the best of my knowledge and belief. Kansas Water							
Well Contractor's License No. (a) . This Water Well Record was completed on (mo/day/year) (a-21-1) under the business name of Chase Dr. 1100 a C.C. by (signature) . Chase							
- Dus	iness name of <u>Chase Dr</u>	mage	٠	by (si	gnature)). Chase	
INS	STRUCTIONS: Use typewriter or b	allpoint pen.	Please press fi	rmly and pri	nt clearly.	Please till in blanks, u	nderline 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.							