KOLAR Document ID: 1535174

W	ATER WELL PLUGGING F	RECORD	Form WW	/C-5P	KSA 82	a-1212 ID NO.		
1	LOCATION OF WATER WELL:	Fraction	1/ 1/		Number		Range Number	
	County: Street/Rural Address of Well Location; direction from nearest town or intersect check here	stance &	Latitude: Longitude	T S E W Global Positioning Systems (GPS) information:				
					Datum: WGS84, NAD83, NAD27 Collection Method: GPS unit (Make/Model:			
2	WATER WELL OWNER: RR#, St. Address, Box #: City, State ZIP Code:				\Box Digital Map/Photo, \Box Topographic Map, \Box Land Survey <u>Est. Accuracy</u> : $< 3 \text{ m}$, \Box 3-5 m, \Box 5-15 m, $> 15 \text{ m}$			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION		LL ft.					
	BOX: WELL'S STATIC WATER LEVELft WELL WAS USED AS:							
W NW NE NE Domestic Industrial NE Domestic In						Garden) Monite Garden) Injecti Other	ly Monitoring arden) Injection Well Other	
5	Was a chemical/bacteriological sample submitted to Department? Yes No S TYPE OF BLANK CASING USED:							
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Asbestos-Cement Fiberglass Other (Specify below) Blank casing diameter in. Was casing pulled? Yes No If yes, how much Casing height above or below land surface in. If yes, how much If yes, how much							
6	GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromft. toft., What is the nearest source of possible contamination: Seepage pit Fuel storage Other (specify below) Settic tank Seepage pit Fuel storage Other (specify below) Watertight sewer lines Sewage lagoon Insecticide storage Lateral lines Feedyard Abandoned water well Direction from well? Oil well/Gas well How many feet?							
	FROM TO PLUC	GGING MATI	ERIALS	FROM	ТО	PLUGGING	MATERIALS	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) under the business name of by (signature)								
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at <u>http://www.kdheks.gov/waterwell/index.html</u> Telephone 785-296-5524.								

KSA82a-1212