

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

MW-5

<b>1 LOCATION OF WATER WELL:</b> County: <b>Butler</b> 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"/> <b>514 South Andover Rd. Andover, KS</b>	Fraction <b>NW ¼ Nw ¼ Nw ¼ NW ¼</b> Section Number <b>29</b> Township Number <b>T 27 S</b> Range Number <b>3</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	<b>Global Positioning Systems (GPS) information:</b> Latitude: <b>37.679122</b> (in decimal degrees) Longitude: <b>-97.134631</b> (in decimal degrees) Elevation: <b>1321.68</b> Horizontal Datum: <input checked="" type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <b>DRL</b> GPS unit (Make/Model): _____ <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																						
<b>2 WATER WELL OWNER:</b> Phillips 66 Company RR#, St. Address, Box #: <b>1234 Phillips 66 Bldg.</b> City, State ZIP Code: <b>Bartlesville, OK 74004</b>	<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>																																																							
<b>4 DEPTH OF WELL</b> <u>18</u> <b>ft.</b> WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic  <input type="checkbox"/> Irrigation  <input type="checkbox"/> Feedlot  <input type="checkbox"/> Industrial         </div> <div style="width: 30%;"> <input type="checkbox"/> Public Water Supply  <input type="checkbox"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning         </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Dewatering  <input type="checkbox"/> Monitoring  <input type="checkbox"/> Injection Well  <input type="checkbox"/> Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																								
<b>5 TYPE OF BLANK CASING USED:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Steel  <input checked="" type="checkbox"/> PVC         </div> <div style="width: 20%;"> <input type="checkbox"/> RMP (SR)  <input type="checkbox"/> ABS         </div> <div style="width: 20%;"> <input type="checkbox"/> Wrought  <input type="checkbox"/> Asbestos-Cement         </div> <div style="width: 20%;"> <input type="checkbox"/> Fiberglass  <input type="checkbox"/> Concrete Tile         </div> <div style="width: 20%;"> <input type="checkbox"/> Other (Specify below) _____         </div> </div> Blank casing diameter <u>2</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <u>Upper 3 feet removed</u> Casing height above or below land surface <u>2</u> in.																																																								
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>0</u> ft. to <u>18</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Septic tank  <input type="checkbox"/> Sewer lines  <input type="checkbox"/> Watertight sewer lines  <input type="checkbox"/> Lateral lines  <input type="checkbox"/> Cess pool         </div> <div style="width: 30%;"> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feedyard  <input type="checkbox"/> Livestock pens         </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Fuel storage  <input type="checkbox"/> Fertilizer storage  <input type="checkbox"/> Insecticide storage  <input type="checkbox"/> Abandoned water well  <input type="checkbox"/> Oil well/Gas well         </div> </div> Direction from well? <u>contaminated well</u> How many feet? <u>0</u>																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>18</td> <td>Bentonite</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS	0	18	Bentonite																																													
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/9/2016</u> 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) <u>1/2/2017</u> under the business name of <u>BA Environmental, LLC</u> by (signature) <u>Christopher J. Busch P.G.</u>																																																								

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 <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

KSA82a-1212

Revised 1/20/2015