

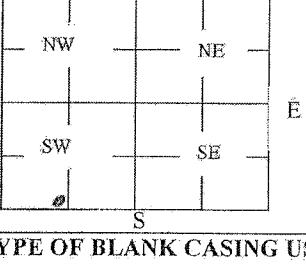
OB-1 (7-1)

WATER WELL PLUGGING RECORD

Form WWG-5P

KSA 82a-1212 ID NO

ID NO.

WATER WELL PLUGGING RECORD		Form WWC-51		KSA 82a-1212		ID NO.					
1 LOCATION OF WATER WELL:		Fraction County: <i>Rutledge</i> <i>SE 1/4 1/4 SW 1/4 SW 1/4</i>	Section Number <i>22</i>	Township Number <i>27T</i>	S	Range Number <i>4</i>	<input checked="" type="checkbox"/> VE <input type="checkbox"/> W				
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input checked="" type="checkbox"/>				Global Positioning Systems (GPS) information:							
				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							
2 WATER WELL OWNER:		<i>coastal Mart</i> <i>610 W 7TH</i> <i>Augusta, KS</i>									
RR#, St. Address, Box #:											
City, State ZIP Code:											
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <i>14</i> ft. WELL'S STATIC WATER LEVEL <i>— — —</i> ft. WELL WAS USED AS:									
		<input type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Feedlot <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Industrial <input type="checkbox"/> Air Conditioning <input checked="" type="checkbox"/> Dewatering Monitoring <input checked="" type="checkbox"/> Injection Well <input type="checkbox"/> Other <i>Soil Vapor</i> <i>fx</i>									
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
5 TYPE OF BLANK CASING USED:											
<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Other (Specify below)											
Blank casing diameter <i>4.5</i> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much <i>3</i> ft Casing height above or below land surface <i>FLUSH MOUNT</i> in.											
6 GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other											
Grout Plug Intervals: From <i>0</i> ft. to <i>14</i> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.											
What is the nearest source of possible contamination:											
<input type="checkbox"/> Septic tank <input checked="" type="checkbox"/> Sewer lines <input checked="" type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool		<input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens		<input 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		<input type="checkbox"/> Other (specify below) Direction from well? <i>SOUTH</i> How many feet? <i>60'</i>					
FROM		TO		PLUGGING MATERIALS		FROM		TO		PLUGGING MATERIALS	
<i>0</i>		<i>14</i>		<i>Neat cement</i>							
RECEIVED											
<i>MAY 23 2011</i>											
BUREAU OF WATER											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>04/30/11</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>_____</i> . This Water Well Record was completed on (mo/day/year) <i>05/19/11</i> under the business name of <i>Prudent Technologies Inc</i> by (signature) <i>1401</i>											
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 .											