

## WATER WELL PLUGGING RECORD

## Form WWC-5P

KSA 82a-1212

ID NO.

MW-4

<b>1 LOCATION OF WATER WELL:</b> County: Butler		Fraction SE 1/4 SW 1/4 SE 1/4 SW 1/4	Section Number 22	Township Number T 27 S	Range Number 4 <input checked="" type="checkbox"/> E <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 type="checkbox"/> 520 W. 7TH ST., AUGUSTA, KS			<b>Global Positioning Systems (GPS) information:</b> Latitude: 37.67953 (in decimal degrees) Longitude: 96.98413 (in decimal degrees) Elevation: 1222.73 Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 <u>Collection Method:</u> <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey <u>Est. Accuracy:</u> <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																																		
<b>2 WATER WELL OWNER:</b> McDonald's Corporation RR#, St. Address, Box #: 11880 College Blvd. City, State ZIP Code: Overland Park, KS 66210																																																					
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF WELL</b> 19.8 ft. <b>WELL'S STATIC WATER LEVEL</b> 13.30 ft <b>WELL WAS USED AS:</b> <table> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input checked="" type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input checked="" type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____																																				
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<b>5 TYPE OF BLANK CASING USED:</b>																																																					
<input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) <input checked="" type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile _____																																																					
Blank casing diameter 2 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface _____ 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 0.5 ft. to 19.8 ft., From _____ ft. to _____ ft., From _____ to _____ ft.																																																					
What is the nearest source of possible contamination: <table> <tr> <td><input type="checkbox"/> Septic tank</td> <td><input type="checkbox"/> Seepage pit</td> <td><input checked="" type="checkbox"/> Fuel Storage</td> <td><input type="checkbox"/> Other (specify below)</td> </tr> <tr> <td><input type="checkbox"/> Sewer lines</td> <td><input type="checkbox"/> Pit privy</td> <td><input type="checkbox"/> Fertilizer storage</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Watertight sewer lines</td> <td><input type="checkbox"/> Sewage lagoon</td> <td><input type="checkbox"/> Insecticide storage</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Lateral lines</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Abandoned water well</td> <td>Direction from well? NORTH</td> </tr> <tr> <td><input type="checkbox"/> Cess pool</td> <td><input type="checkbox"/> Livestock pens</td> <td><input type="checkbox"/> Oil well/Gas well</td> <td>How many feet? 20</td> </tr> </table>						<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input checked="" type="checkbox"/> Fuel Storage	<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	_____	<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	_____	<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? NORTH	<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? 20																												
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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) 12/29/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416. This Water Well Record was completed on (mo/day/year) 1/23/12 under the business name of Terracon Consultants, Inc. by (signature) <i>[Signature]</i>																																																					
<b>INSTRUCTIONS:</b> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																																																					
Check one: <input checked="" type="checkbox"/> White Copy <input type="checkbox"/> Blue Copy <input type="checkbox"/> Pink Copy																																																					