

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.

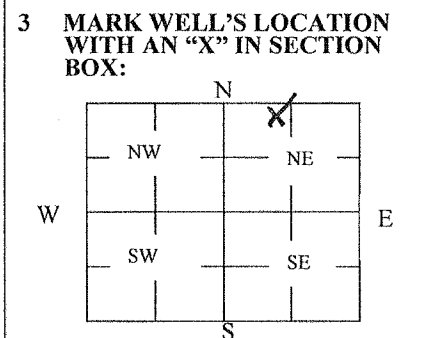
mw-1

1 **LOCATION OF WATER WELL:** Fraction 1/4 NE 1/4 NW 1/4 NE 1/4 Section Number 27 Township Number T 27 S Range Number 4 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 645 North State Street; Augusta KS

Global Positioning Systems (GPS) information:
 Latitude: 37.67920 (in decimal degrees)
 Longitude: 96.97917 (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
Collection Method:
 GPS unit (Make/Model: Garmin etrek 10)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 **WATER WELL OWNER:** Bank of America
 RR#, St. Address, Box #: 1100 North King St.
 City, State ZIP Code: Wilmington DE 19884



4 **DEPTH OF WELL** 21 ft.
 WELL'S STATIC WATER LEVEL 9 ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 **TYPE OF BLANK CASING USED:**

Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 11'
 Casing height above or below land surface 3 in.

6 **GROUT PLUG MATERIAL:** Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 21 ft. to 3 ft., From _____ ft. to _____ ft., From _____ 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? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>21</u>	<u>3</u>	<u>Bentonite</u>			
<u>3</u>	<u>0</u>	<u>Topsoil</u>			

7 **CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6-26-14 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710. This Water Well Record was completed on (mo/day/year) 7-7-14 under the business name of Below Ground Surface, Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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>.