

T219

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

1 LOCATION OF WATER WELL: County: <u>Wilson</u>	Fraction <u>1/4 SW 1/4 NW 1/4</u>	Section Number <u>19</u>	Township Number <u>T 29 S</u>	Range Number <u>15</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 1400 S. Cement Rd. Fredonia KS 66736

Global Positioning Systems (GPS) information:
 Latitude: 37.5053 (in decimal degrees)
 Longitude: -95.8114 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Lg Farge North America
 RR#, St. Address, Box #: 1400 S. Cement Rd
 City, State ZIP Code: Fredonia KS 66736

GPS unit (Make/Model: Garmin etrek)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N		
NW		NE
X		
SW		SE
S		

W E

4 DEPTH OF WELL 40 ft.

WELL'S STATIC WATER LEVEL _____ ft

WELL WAS USED AS:

<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 _____

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 5 feet
 Casing height above or below land surface 30 in.

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

Grout Plug Intervals: From 5 ft. to 40 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

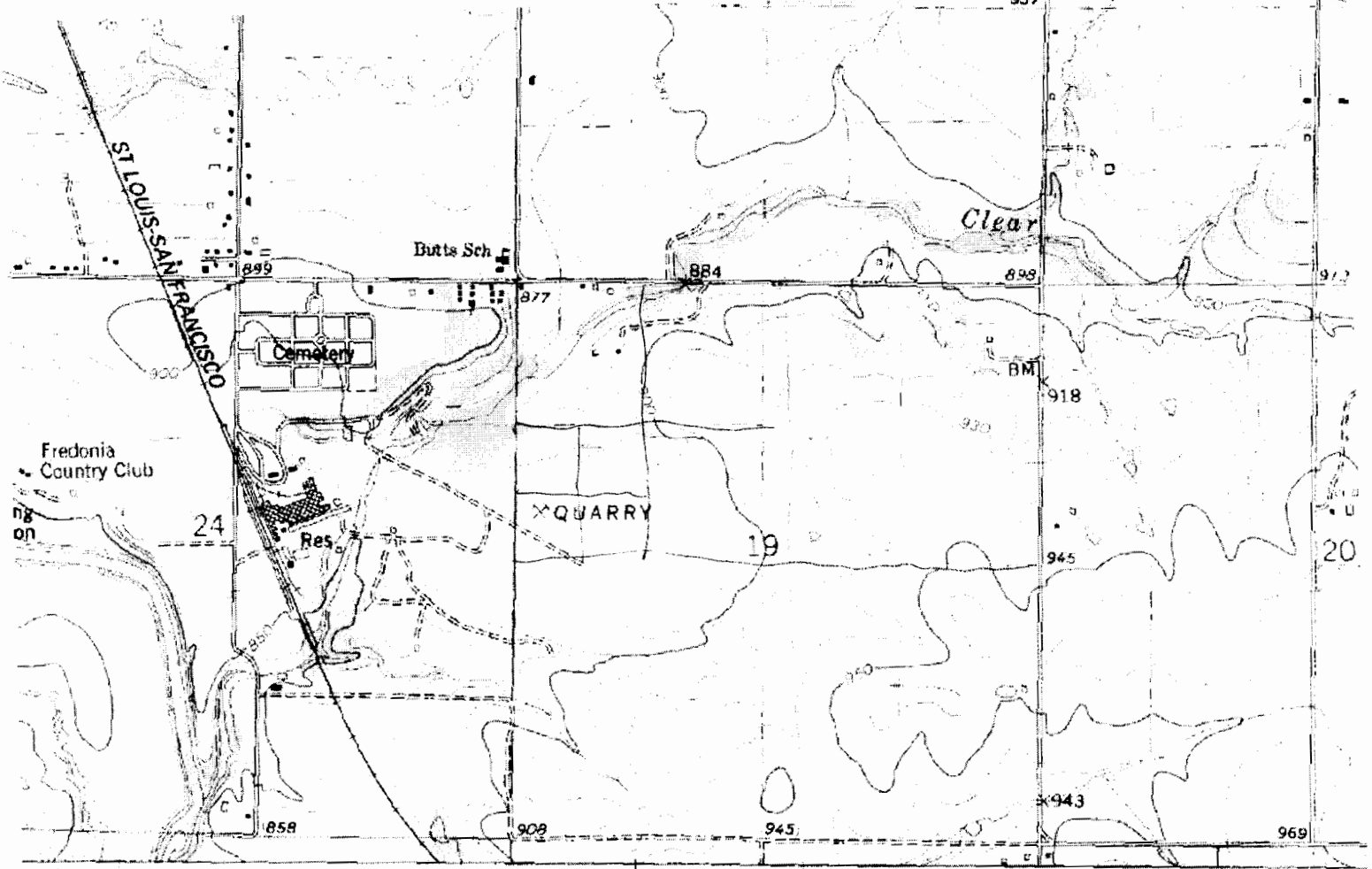
What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input checked="" type="checkbox"/> Other (specify below) <u>Landfill</u>
<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? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	5	Top soil			
5	40	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/8/2016 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) 2-10-2016 under the business name of Below Ground Surface Inc. by (signature) Michael T. Osaj

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.



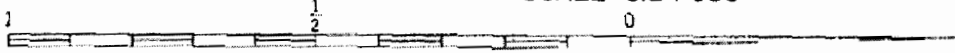
1. TO JUNC. KANS. 39 & 96 R 14 E
 10.5 SHA (VIA KANS. 95) 13 MI.

351 (LAFONTAINE) R 15 E
 6858 IV NE

252

253 47'30"

SCALE 1:24 000



1 MILE