

## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: <u>Nemaha</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section Number <u>2</u>	Township Number <u>12S</u>	Range Number <u>14E</u> <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 checked="" type="checkbox"/>		<b>Global Positioning Systems (GPS) information:</b> Latitude: <u>39.90053888</u> (in decimal degrees) Longitude: <u>95.81623888</u> (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: _____ 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																																																		
<b>2 WATER WELL OWNER:</b> <u>Dwight Edelman</u> RR#, St. Address, Box #: <u>2353 184th Rd</u> City, State ZIP Code: <u>Sabetha, KS 66534</u>		<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>88</u> ft. WELL'S STATIC WATER LEVEL <u>55</u> ft. WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Oil Field Water Supply <input 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>5 TYPE OF BLANK CASING USED:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile Blank casing diameter <u>6</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>36</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>20</u> ft., From <u>45</u> ft. to <u>55</u> 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 type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> <u>NONE</u> <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 <input type="checkbox"/> Cess pool <input type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well Direction from well? _____ How many feet? _____																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>20</td> <td>Hole plug</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>45</td> <td>sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>45</td> <td>55</td> <td>Hole plug</td> <td></td> <td></td> <td></td> </tr> <tr> <td>55</td> <td>88</td> <td>sand</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	20	Hole plug				20	45	sand				45	55	Hole plug				55	88	sand																					
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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>9/21/15</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>308</u> . This Water Well Record was completed on (mo/day/year) <u>9/30/15</u> under the business name of <u>Bieschick Drilling Co Inc</u> by (signature) <u>[Signature]</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