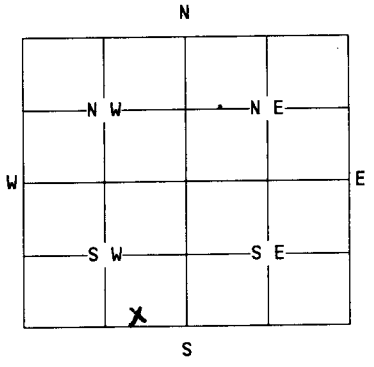
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Washington	SW1/4 SE1/4 SW1/4	25	2	3E

Distance and direction from nearest town or city street address of well if located within city?
1½ north and 3/8 mile east of Washington

2 WATER WELL OWNER: Sharon Schwartz Trust
RR#, St. Address, Box #: 2051 20th Road
City, State, ZIP Code : Washington KS 66968
Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF WELL.....52.....ft.

WELL'S STATIC WATER LEVEL.....26.....ft.

WELL WAS USED AS:

(1) Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes... (No)...
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: (Yes)..... No.....

5 TYPE OF BLANK CASING USED:

(1) Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (specify below) .....

Blank casing diameter....6....in. Was casing pulled? Yes..... (No)..... If yes, how much.....
Casing height above or below land surface.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other.....

Grout Plug Intervals: From...3...ft. to...6...ft., From.....ft. to .....ft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) .....

Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
0	3	Topsoil
3	6	Bentonite
6	26	Clay/Subsoil
26	52	Chlorinated Sand

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/year) ..... under the business name of .....
by (signature) ..... Leo Schwartz .....

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.