| WATER WELL PLUGGING RE | CORD Form WWC- | .5P KS. | A 82a-1212 ID NO. | TMW-5 | |
|--|-------------------------------|--|---|------------|--|
| 1 LOCATION OF WATER WELL: County: Marshall | Fraction NW 1/4 NE 1/4 NE 1/4 | | nber Township Number 2 S | | |
| Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here | | | | | |
| 617 Broadway, Marysville | I | □ WGS84 □ NAD83 | B □ NAD27 | | |
| 2 WATER WELL OWNER: City of Marysville RR#, St. Address, Box # 209 N. 8th Street City, State ZIP Code Marysville, KS 66508 | | ☐ GPS unit ☐ Digital Map | ☐ GPS unit Make/Model: ☐ Digital Map/Photo ☐ Topographic Map ☐ Land Survey Est. Accuracy: ☐ <3 m ☐ 3-5 m ☐ 5-15 m ☐ >15 m | | |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N N N NE N SW SE E | WELL WAS USED A | ablic Water Supply d Field Water Supply omestic (Lawn/Garden) r Conditioning | ft. BTOC Dewatering Monitoring Injection Well Other | ☐ Yes ☑ No | |
| TYPE OF BLANK CASING USED: Steel RMP (SR) Wrought Fiberglass Other: PVC ABS Asbestos/Cement Concrete Tile Blank casing diameter: 2 in. Was casing pulled? Yes No If Yes, how much 3' Casing height above or below land surface: in. GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other: | | | | | |
| Grout Plug Intervals: From 3 ft. To 24.88 ft. From ft. To ft. From ft. To ft. From ft. To ft. | | | | | |
| What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Sewer lines Pit privy Fertilizer storage Watertight sewer lines Sewage lagoon Lateral lines Feedyard Oil well/Gas well How many feet: | | | | | |
| | GING MATERIAL | FROM TO | PLUGGING I | MATERIAL | |
| 0 3 Native soil 3 24.88 Bentonite | | | | | |
| | | | TMW-5 | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/27/2019 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 8/29/2019 under the business name of GeoCore, LLC by (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 | | | | | |